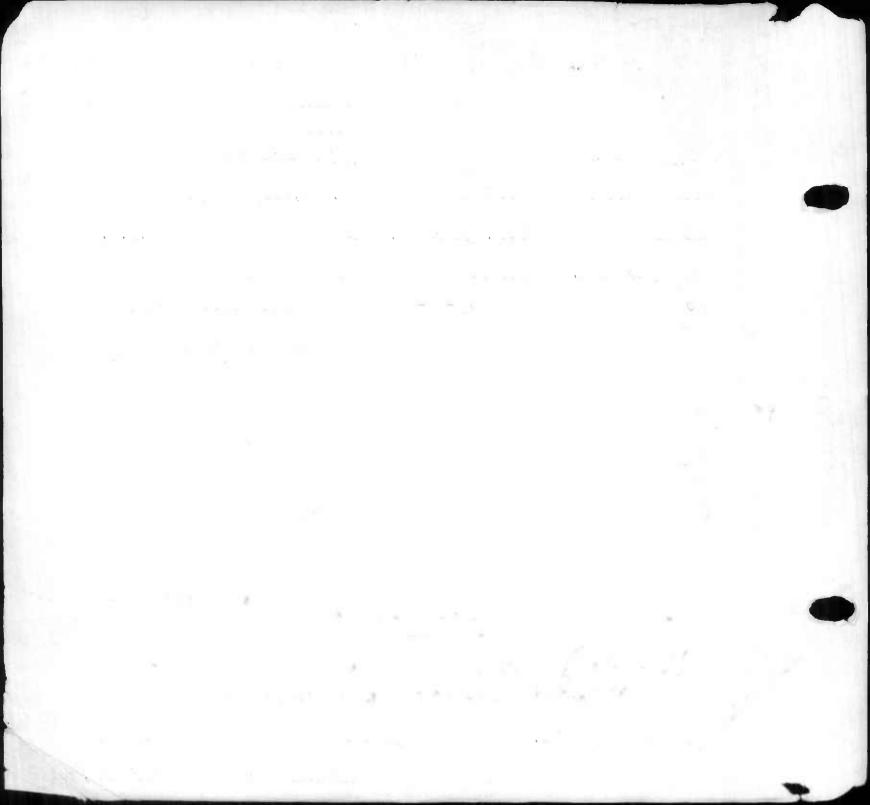
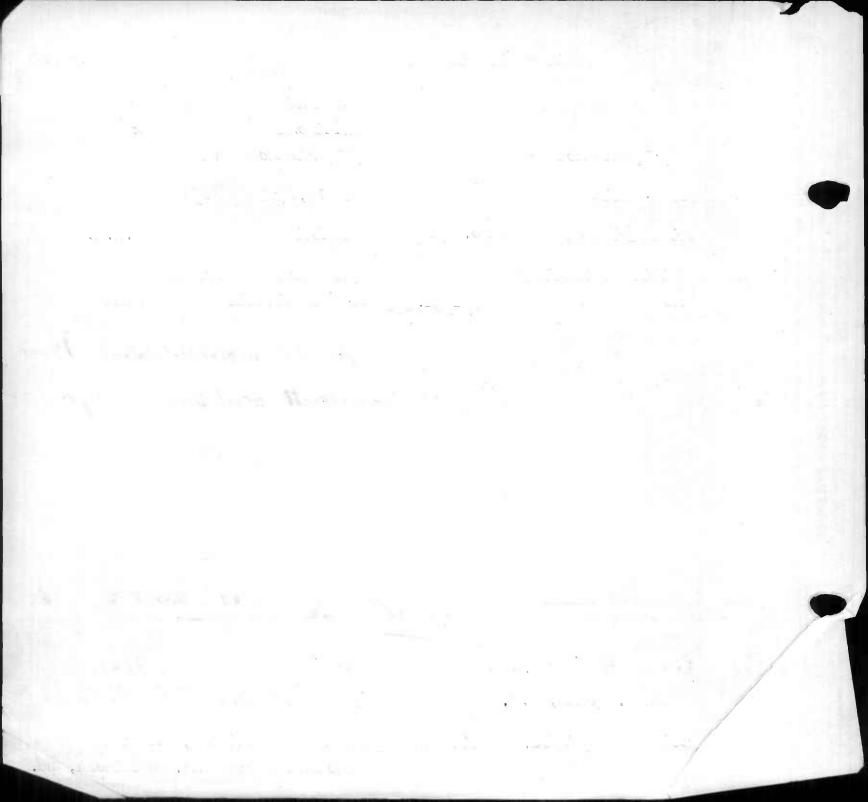
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death curred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

1M-440	BALTIMORE CITY	Y HEALTH DEPARTMENT		66- 250i		
BIRTH NO.	501 CERTIFICA	TE OF DEATH	Registered Na			
1. NAME OF DECEASED	4		D HOUR OF DEATH			
(Type or Print) Milton Ge	once Mi	11	7-68	13:45P M		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7		e deceased lived. If inst	litutian: residence befare admissian)		
FULL NAME OF (If not in hospital or institu	ution, give street	Maruland				
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If outs	side city limits, write RU	JRAL and give Jawiship)		
		Baltimore		21-01		
2934 Sylvan Ave		D. STREET ADDRESS (IF 2934 Sylvan	rural give lacation) AVE			
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
Male White Mid	oowed, DIVORCED (specify)	Sept. 20,188	9 78	Manths Days Hours Min.		
IOA, USUAL OCCUPATION (Give kind of work 10B, KEN done during most of working life, even if setired)	ND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?		
Retired Pin	tts. Glass (o.	Maryland		U.S.A.		
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM	ΛE			
Conna A	W: //an	Jana M-+16-	ten af			
15. Was Deceased Ever in a. S. Armed Forces?	1 6. SOCIAL	Jane Matthey		ADDRESS		
(Yes,na or unknown) (II yes, give wor or dotes of ser	215-14-586			Same		
No	CALLE C	F DEATH	included.	INTERVAL BETWEEN		
7 / 90 / 7	CAUSE	WENTH		ONSET AND DEATH		
LEADING TO DEATH	Chis does not mean the mode of dying, e.g., (A) Arterioscleratic heart dis, (Due to					
(This does not meon the mode of dying,	3 / 54 /5					
heart toilure, asthenia, etc. It means the dis injury or complication which caused death.)	100					
ANTECEDENT CAUSES	(B)	***********************************	***************************************	aanad		
	DISEASES OR CONDITIONS, if ony, giving					
	rise to the above couse (A) stating the (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING					
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na)	1 208. IF YES, WERE FIT	NDINGS CONSIDERED		
		No				
OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, or etc.)	in or about 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Boltimare	City, give exoct locotion)		
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?			
OF INJURY (APPROX)	While At Not Whi	le —				
(APPROX)	Work Al Work					
22. I certify that (I) (this hospital) atten				19 68		
that (I) (wa) last saw the deceased alive			at in(my) (aur) apini	ian death accurred an the date		
and have and from the causes stated aba	ve. (I) (###) (did) (did not)					
23A. NGNATURE	A			23B. DATE SIGNED		
Khonold Jan	doy M.D. All	ending Med.	Stoff Phy s.	3-2-68		
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	. 0 1	à l		
NAME (Type) / Donald	Uand of M.D.	6077 Hart	ord Rd			
	4C. NAME of CEMETERY of CR	EMATORY 24D. LC	OCATION (City,	, town, or county) (State)		
Burial 3/5/68.	Parkwood (e	emetery Ba	1	Maryland		
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	,	ADDRESS		
MAR 4 1968 R.C. B	E tarbey MA		21 0 0			
VS 150-REV. 1/1/65		Leonard 41	LUCK YNC B	altimore, Md		



	1	A) 3(1)	ALTIMORE CITY HE	ALTH DEPARTMENT	D	0- 2502
	BIRT	70-345 68- 2502 C	ERTIFICATE		REG. NO.	
		NAME OF DECEASED Albin A. Niedling	7	2. DATE AND	The Death	68 4:30 PMm.
	3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED I		USUAL RESIDENCE I Where		ution: residence before odmission)
	HO	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, COSPITAL OR ADDRESS OR LOCATION) 15TITUTION	C.	Maryland GTY OR TOWN Baltimore	D. INSIDE	CITY LIMITS?
5	5	4324 Shamrock Ave	E.	STREET AND NUMBER 4324 Shamrock	& Ave	
	5. S	SEX 6. RACE 7. MARRIED NEVE White Widowed A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE)	DIVORCED \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	une 14,1902 00	birthdoy 5	If Under 1 Yr. If Under 24 Hrs. Anoths Doys Hours Min.
5	done	Retired Fireman Balto. (_	Virginia MOTHER'S MAIDEN NAME	,	U.S.A.
		FATHER'S NAME	14.	MOTHER'S MAIDEN NAME		
1	15. V	Albin W Niedling. Was Deceased Ever in U. S. Armed Forces? 16, soc	141 17.	Elizabeth Wa	llerman	ADDRESS
3	(Yes	es, no or punknown) (If yes, give wor or dotes of service) SEC		rs Ida Niedl		Same
5			AUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A) IMMEDIATE CAUSE	ACUTE M	ocardial.	Interet 15 min
3		(This daes not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)		·		
		ANTECEDENT CAUSES	B) Arteri	escleratic He	art Diseas.	e lyr.
3		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		CONSEQUENCE OF:		0
		UNDERLYING CONDITION IOSI.	C)			
5	ATION					
9 11 0		DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C	PERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
0	CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE home, form, etc.)	OF INJURY (e.g., in or foctory, street, office	obout 21C, WHERE DID bldg., INJURY OCCUR?	(If In Boltimore C	City, give exact location)
naun		OF INJURY (APPROX.) Approximate Month (Doy) (Yeor) Hour) 21E, INJURY While At Work Work Work Care Ca	OCCURRED Not While At Work	21F. HOW DID INJUR	Y OCCUR?	
ODI		22. I certify that (I) (this haspital) offended the dece		1 02	67 to Mar	
De		ond hour and from the couses stated obave. (1) (WE) (e 6 15		in(my) (aur) opinio	on deoth occurred on the date
TOP		23A. SIGNATURE				BB, DATE SIGNED
3		Olan B. Cohen. MI	Attendie Phys.	Director Ph	aff ys.	3/2/68.
pro		Hlan B. Cohen, M.D.	GEGREE	3501 ST F	Paul ST.	Ballo Nid.
ter.	24A	REMOVAL (Specify)	CEMETERY OF CREMA			town, or county) (Stote)
Writter	25	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIS	Ridge (e	25C. FUNERAL DIRECTOR	timore, Ma	ryland
-		MAR 4 1968 R.O. & E. Falle	AA,u	Leonard & Ru	ick Inc. B	altimore,

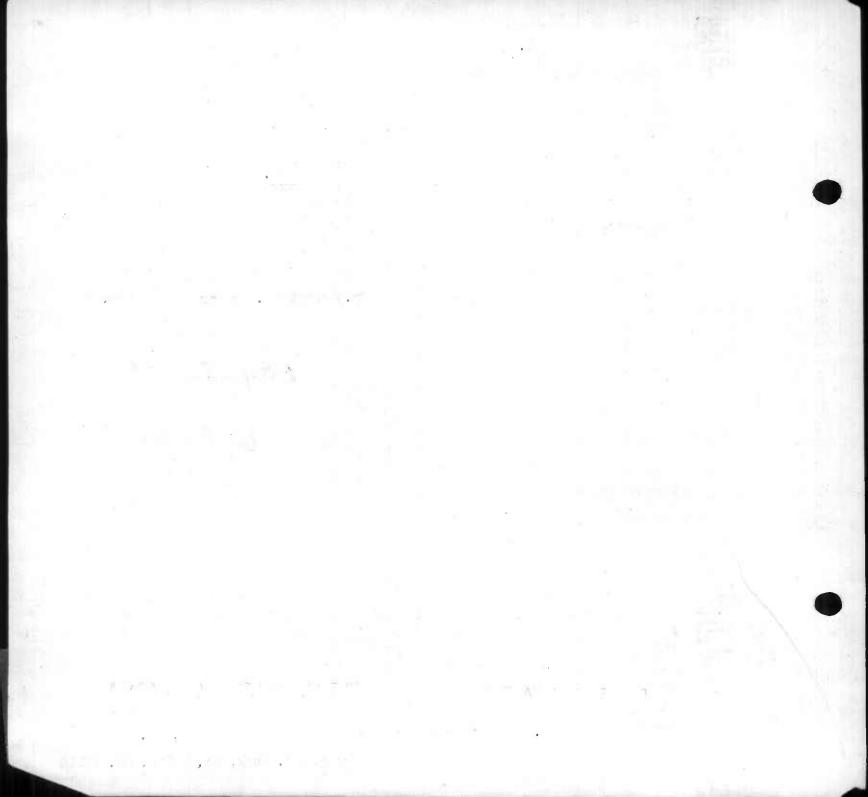


	ing cause of death ing cause of death I cause; (5) Deceased attendance on the rior to death. Such
	death occurre t or contribut Undetermined as in regular e deceased p
IMPORTANT	or his assistant if Also, if the direc re of any kind; (4) nounced death w attendance on th Imed or final dispo
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	/	3-30	17	SS-	- 2503	BALTIMORE CIT	Y HEALTH DEPARTM	MENT	68- 2503
		TH NO.	0	00	AUU	CERTIFICA	TE OF DEA	TH REG. NO	00 2000
	1, N	AME OF DEC	EASED				2, 0	ATE AND HOUR OF DEAT	Н /
		e or Print)	AR	L 1X	1 G	ADOW		3.2.68	14 P M.
	3. P	PLACE IN BAL	TIMORE, A	AARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	CE (Where deceosed lived. (f B. COUNTY	institution: residence before odmission)
	FUL	LL NAME OF		OT IN HOSPIT		TION, GIVE STREET	MO		11-44
	INS	TITUTION				All state	C. CITY OR TOWN	D. IN	YES NO NO
	2	3/ 11	1	m M.	ستسممه	at florymun	E-STREET AND NU	MBER	ILSA NO V
i i	1	he l	mic	110		/	6025	Alta Av	e
	S. S	EX	6. RACE)	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	1900 9. AGE (In years lost birthday	If Under 1 Yr. (If Under 24 Hrs. Months; Doys Hours; Min.
2	164	HEHAL OCCI	LEATION!	Cive kind of work	WIDOWED	BUSINESS OR INDUSTR	/ 6-	68	12. CITIZEN OF WHAT COUNTRY?
		during most of			Machin		III. BIRIHPLACE (Stot	e or toreign country)	12. CHIZEN OF WHAT COUNTRY!
	13. 6	FATHER'S NAM	AE	d			14. MOTHER'S MAIL	DEN NAME	115/
posit	13.1	John	1/		1		14. WOTHER 3 MIAN	I /	
2	15. V	Nos Deceased	Ever in U	S. Armed For	lerx/	1 6. SOCIAL	17 NFORMANT	Many	ADDRESS
5	(Yes	yes	(If yes, g	ive wor or date	s of service)	SECURITY NO.	()	adow 409 Wrenle	
		18. < 40	(2)	1		CAUSE OF DEA		ACON 40/ WIGHTO	APPROXIMATE INTERVAL
0		001	E OR CO	I INDITION DII	RECTLY	0,,001		/ /	BETWEEN ONSET AND DEATH
9			LEADING	TO DEATH		(A) IMMEDIATE CA	USE Gast	rectom	1 6
0		heart failure,	asthenio,	the mode of etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	4	Y
E				which coused	deoth.)		localized	peritorites/	
0				ENT CAUSES	ony giving	(B)	S A CONSEQUENCE OF	<u>V</u>	***************************************
0			e obove	couse (A)		ALT	12428	Anilure	
before the remains		1 D	CONDI	11		(C)	C		A
Ē	ATION			NDITIONS CO				W.1.	Wu
9		DISEASE OR C	ONDITION	T RELATED TO THE	T 1 (A).		20 A. AUTOPSY? (Y	N. I COD IP WEE IVER	T SINDINGS CONCIDENCE
ב	FIFE	7.79	- 6 X	WAS PERI	FORMED	HICH OPERATION	Ve	IN CERTIFYING	E FINDINGS CONSIDERED
ore	CER	21A. ACCIDEN	NT WAS L	INDERLYING	218.	PLACE OF INJUR (e.g.,	in or obout 21C. WHER	E DID ((f in Báltim	nore City, give exact location)
bet		OR CONTRIBU			etc.)	e, form, foctory, steet,	office blog., INJURY OC	.Cok!	
	ō	21 D. TIME OF INJURY	(Month)	(Doy) (Year)	(Hourl 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
ained	٤	(APPROX.)			Whi	le At Not Wh			
obte		22. I certify	that (1) (this haspital) attended th	e deceased fram	2-7	19 6 8 ta	2 2 1968.
De		that (I) (we)	last saw	the decease	d alive an	3	2 19 68	and that in (my) (aur) a	pinian death accurred an the date
		and have and	fram the	e causes stat	red abave. (1	(We) (did) (did not)	view the bady after	death.	
must		23A. SIGNATU	RE	7-7-	1	AH	ending Med.	Stoff (23B, DATE SIGNED
8		vet	SI	7 40	Tours	DEGREE Ph	ys. Directo		15.2.60
0		NAME (T		IX I	MARTIN		THE /UI	MION MEMORIAL	HOSPITAL //
approval	24A	BURIAL CRE		24B. DATE		ME of CEMETERY of CI	The 11	24D. LOCATION	(City, town, or county) (State)
		Burial	Specifyl	3/6/68		to. National		Balto. Md.	
riffen	25 A	. DATE REC'D			1000		2SC. FUNERAL D		ADDRESS
3		MAD A	1968	R. Q.	8 8. Fo	Liber Ma		J. Ruck Inc. Ba	
	VS	150-REV. 1/1/c		7 41000	1-				

"y og" måd ognymmekst (f. jennets "ålsa lit

V 15-1 00 000	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2594
K-656 68-2504	CERTIFICA	TE OF DEATH	REG. NO	00 100 2
1. NAME OF DECEASED A			ND HOUR OF DEATH	
(Type or Print) BERTHA KRA	MER	3.	1.68	2,45 P N
3. PLACE IN BATTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	NTY	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY TIMUTS?
144.1	1 -11	ESTREET AND NUMBER	R	YES NO
The Union Memorial	tospital	1338 8he	revood	Ave.
5. SEX 6. RACE 7. MARRIED NE WIDOWED W	DIVORCED	8. DATE OF BIRTH 08.	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSIN		11. BIRTHPLACE (State or for	roign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	iess or intodair.	1 / ·	leigh country/	12. CHIZEN OF WHAT COUNTRY
Housewife		wighn	ia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	9.1
John B Jana	2	Line	Rac	th
15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (If we give war or dates of service)	CURITY NO.	17. INFORMANT	0	ADDRESS
No		Mr. Kenneth B.	. Kramdr	(Same)
1B.	CAUSE OF DEATH	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0.	1	
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU		- Zum	2021
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,)	DUE TO, OR A5	A CONSEQUENCE OF	operative	
ANTECEDENT CAUSES		1	7-00000	
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the	DUE TO, OK AS	A CONSEQUENCE OF:	100	1
UNDERLYING CONDITION fost.	(c)	***************************************	(1)1K.	
_ 237X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),				
198. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
= 2.65.68 Srain To	mor	1 1016 115	Ye	
OR CONTRIBUTING CAUSE OF home, form	, foctory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(It in Saltimor	re City, give exact facation)
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJUI	RY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.) While At [Not While			
22. I certify that (1) (this haspital) attended the dec	eased fram	2.24	19 6 8 to	3 1 1968
that (1) (we) last saw the deceased alive an	- 1			inlan death accurred an the dat
and haur and fram the causes stated abave. (1) (We)		•		
23A. SIGNATURE	(did) (attempt) v	Tew The budy offer death		23B, DATE SIGNED
Hoting I March		nding Med.	Shaff	3.1.68
23C PHYSICIAN'S	DEGREE Phys		Phys.	3 1 00
NAME DR FELIX J MARTIN	DEGREE	THE UNION	MEMOR MEL H	OSPITAL/legit of
REATOVAL Opecity)	CEMETERY OF CRE		LOCATION (C	ity, town, or county) (State)
REMOVAL Grecify) 3/5/68. Holy R	ledeemer Ce	emetery	Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG		25C. FUNERAL DIRECTO	R	ADDRESS
MAR 4 1968 Relieut E. Jackey M.	1 1 1 1 1 1 1	Leonard J. R	uck, Inc. Bal	to. Md. 21214
VS 150-REV, 1/1/68				



FUNERAL DIRECTOR: IMPORTANT

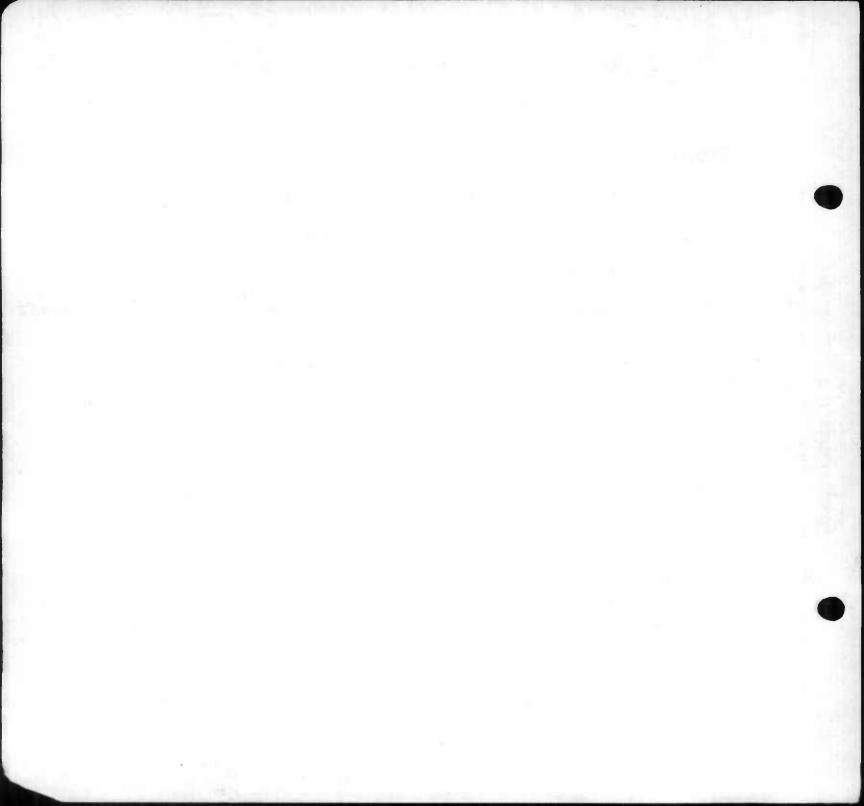
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	2 - 2 7 00 0	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2505			
/	3-532 68-2	CERTIFICA	TE OF DEATH	REG. NO.	00 2000			
	H NO. AME OF DECEASED			ND HOUR OF DEATH				
(Тур	e or Printle	PHIE (BENT	rz) Fe	13. 27, 1968	8 10 p.m.			
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN		titution: residence before admission			
FU HO	L NAME OF ()F NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?			
1	7m 11		BALT.		YES NO			
/	MERCY HOSP.		E. STREET AND NUMBER	TUBAL ST				
5. S	EX 6. RACE 7. MAPP	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1/ 11 1 1 N 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/			
	F WHITE WIDOV	VED DIVORCED	5-16-01	lost birthday)	Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?			
	HOUSEWIFE		BALT.	MO.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
	BUNKOWSKI		MARY KI	RYGIER				
15. Yes	Nos Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0 1/1	ADDRESS			
	NO	217-14-1669	MR. JOHN F	SENT KOWSKI	2218 TORTUGAL ST.			
	18.4/0/7	CAUSE OF DEATH	1		BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE / YOCARDIAL /NFARCTION DUE TO, OR AS A CONSEQUENCE OF:							
	heal failure, asthenia, etc. It means the disease, injury or camplication which caused death.)							
	ANTECEDENT CAUSES		Canana	C	10/			
	DISEASES OR CONDITIONS, if any, give	(B) DUE TO, OR AS	CARDIOGENIC S A CONSEQUENCE OF:	140014	10 25.			
	rise to the above cause (A) stating UNDERLYING CONDITION tast.		tim scleratic		Years.			
	420/ 11	\\/			1.5.			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION							
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	! AL						
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)			
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, off	fice bldg., INJURY OCCUR?					
EDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?				
\$	(APPROX.)	While At Not While At Work						
	22. I certify that (Lithis haspital) attended	ed the deceased from	-68. 27	19 68 to F	19 (od ,			
	that (1) (we) last saw the deceased alive	on F68. 27			ian death accurred an the date			
٠.	and haur and fram the causes stated abov	,						
	23A. SIGNATURE	50 (1) (10 G) (51 G) (51 G) (51 G)	Town the body unter beams		238. DATE SIGNED			
	12 M 161	An III II Phis	nding Med.	Staff Phys.	FEB. 27, 1968.			
	23C. PHYSICIAN'S	UE GREET	23 D. ADDRESS		71160.			
	NAME (Type)	mo	m	11				
0.44	had in the second of the second	FER (1.1).	/ /ERCY	MOSP.				
124A	BRUCE WI FEF BURIAL CREMATION, 124B. DATE 124	G. NAME OF CEMENERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (State)			
24A	BURIAL CREMATION, 24B. DATE 241 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		Q 1	y, town, or county) (State)			
25A	BRUCE WI FEF BURIAL CREMATION, 24B. DATE 25B. DATE 2	C. NAME of CEMETERY OF CRE		BALTIMOR	F MD.			
25A	BURIAL CREMATION, 24B. DATE 241 REMOVAL (Specify)	S. NAME of CEMETERY OF CRE	EMETERY /	BALTIMOR	(, town, or county) (State) EMD - ADDRESS OWST, 2525/1867			

100 mg A marine Marian Marian Poster or weather Commercial 1- -- --

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

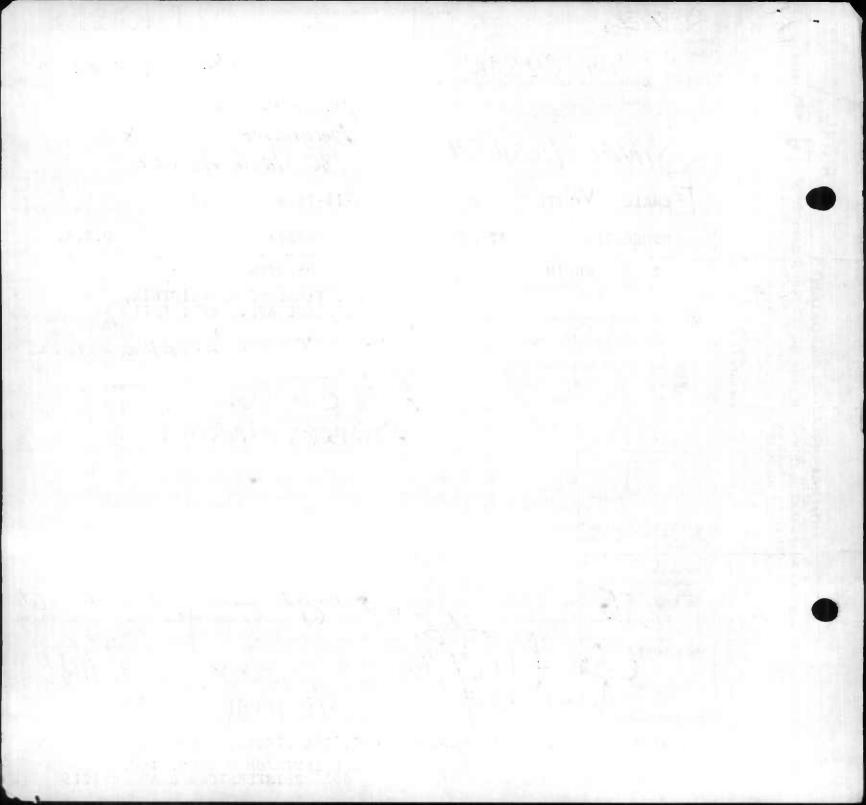
11-0-	VT 4 00	0-0	BALTIMORE CITY	HEALTH DEPARTM	ENT	68- 2506
BIRTH NO.	7 68	-250	6 CERTIFICA	TE OF DEA	TH Registered N	
M.E. CASE NO.			/		ATE AND HOUR OF DEA	TH
(Type or Print)	OUIS H	1. 1	To MULLEN		3-04-60	8 1 9:15 AM.
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	7,7027	4. USUAL RESIDENCE	E (Where deceased lived.	If institution: residence before admission)
FULL NAME OF	(It not in hospital	ar institution, g	ive street	MARYLA	ND	
HOSPITAL OR	address or location	1)		C. CITY OR TOWN	(If outside city limits, wr	ite RURAL and giv pw/ship)
84		. 1		BALTIM	(If ruiol, give location)	700
TBON S	PECOURS	Hos	PITAL	5 6 2	5. BenTA	
	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
Male	CAUC.	MAR	DIVORCED (specify)	12-16-1	lost birthdov	Months Doys Hours Min.
	PATION (Give kind of work rorking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
		TRHN	SIT Co.	MARYIAN	D	U.S.A
13. FATHER'S NAM	NCE MAN	7	377 31.	14. MOTHER'S MAID	EN NAME	
LOUIS	Mc Mol	1/0		UN	KNOWN	
	Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT	1.:	ADDRESS
No	NONE		213-10-0158	DogoThy	HOMULLEN.	533 S. BENTALON ST
18.	191		213-10-0158 CAUSE O	F DEATH		533 S. BENTALON ST.
	E OR CONDITION DIR LEADING TO DEATH	RECTLY	10.	To Rulen	ionary Ect	El ma
	of mean the mode of	dying, e.g.,	DUE TO	ia proces		
	asthenia, etc. It means plication which caused					
A	NTECEDENT CAUSES		(B) feul	e rugue	irdial hifa	relion
DISEASES O	R CONDITIONS, if	any, giving	DOE TO	,	U	
	above cause (A)	slaling the	(C) #			
420.	/ 11					
	ICANT CONDITIONS C					
DISEASE OR	CONDITION CAUSING I	Т.		TOO A	N. I. AAA	
19A. DATE OF	OPERATION 198. CON WAS PERI	DITION FOR V	HICH OPERATION	20 A. AUTOPSY? (Te	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDEN	T WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DID III in Bolti	more City, give exoct locotion)
DEATH (notily	TING CAUSE OF medical examiner)	etc.)	e, faim, factory, street, of	fice bidg., INJURY OC	CU R?	
	(Month) (Doy) (Yeoi)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW (DID INJURY OCCUR?	
S OF INJURY		Whi	le At Not While At Work			
22. I certify	that (1) (this hospital			03-04	19 68 to	03-04 1968
						opinian death occurred an the date
) (We) (did) (did nat) v			
23A. SIGNATUI						23B, DATE SIGNED
d	uan Te	clein	ici) , M.D. Atte	ending Med. S. Directo	Stoff Phys.	3-4-68
23C. PHYSICIAL	N'S		`	23 D. ADDRESS		
1 ADR	IAN VIL	LAR	/ // M.D.	BEN	SECOURS	HOSPITAL
24A. BURIAL CREA REMOVAL (S		24C. N.A	ME of CEMETERY of CRE	EMATORY	24D. LOCATION	(City, town, or county) (State)
BURIA	2 17	18 14	EN downidge	MEMORIAL	Howard 1	Poute Md.
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DI	RECTOR SChours & FUN	ETAL HORESS
	1968 Robert	E. Ja	dev, ma	Hyanis	W. Miller 21	of Frederick ave.
V\$ 150-REV. 1/1/6	5			a particular to the		



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	(0-425 68-25	BALTIMORE CITY	HEALTH DEPARTMENT	10	OF OFFI		
			CERTIFICA	TE OF DEATH	REG NO	00- 2507		
		TH NO. AME OF DECEASED	001(11110)		HOUR OF DEATH	1		
		e or Print) DA OLSA	IN	6	50 A.M	3/4/68 M.		
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	OUNCED DEAD	A. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before admission)		
		L NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MIGRYLA	NO	53-09		
	HO:	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?		
	./	0 1/1	TM	BATIMORE CO YES NO				
	4	3) INAI ITOSPI	11000	130 Stade Avenue				
3	5. S	EX 6. RACE 7. MARRI	D NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years t birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
-		EMALE VYHITE WIDOW	لبا الم	4-15-1888	79			
		USUAL OCCUPATION (Give kind of work 108, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?		
		HOUSEWIFE A	T HOME	RUSSIA		u.s.A.		
5	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME				
2		? RUBIN		UNKNOWN				
2		Nos Deceased Ever in U. S. Armed Forces? ,no or unknown)(If yes, give war or dates of servic	1 6. SOCIAL SECURITY NO.	MRS. FLORENCE	HEDHELCT	ADDRESS		
		NO			APT. P			
		18.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL		
3		DISEASE OR CONDITION DIRECTLY	ACU1	7 MYCCARDIAL	LUIEAR	TIME 2-4/11		
		LEADING TO DEATH (This does not meen the mode of dying, e	(A) IMMEDIATE CAL	JSE A CONSEQUENCE OF:	JOI AIL	11010 2 11000		
3		heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	A CONSEQUENCE OF:		1 1 1 1 1 1 1 1 1 1			
E	-	ANTECEDENT CAUSES	9011	1	7			
0		DISEASES OR CONDITIONS, if ony, give	A CONSEQUENCE OF:	1				
0		rise to the above couse (A) stating		· ARCTOC MI	2/1/17/15			
2		UNDERLYING CONDITION last.	(c)	17/1×167 1.11	, L. 911 9 9			
E	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G			1 1.00		
9	7	TO THE DEATH BUT NOT RELATED TO THE TERMIN						
	FIC		R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED		
0	ERT		210 01 00 00 00 00	IVO.	ež . p. tu	0		
Dero	7	OK CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exoct location)		
De		21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?			
	2	(APPROX)	While At Not While Work At Work					
		22. I certify that (1) (this haspital) attende		9-4-68 10	10	3 - 4 19/21		
0		that (I) (we) last saw the deceased alive o	-	inion death occurred on the date				
21		and hour ond from the couses stated obave	. (I) (We) (did) (did not) v	riew the body ofter death.				
E		23A. SIGNATURE 23B. DATE SIGNED						
5		Com & U	OEGREE Phy	s. Director Ph	ys.	3/7/6		
>		23C. PHYSICIAN'S NAME (Type)	out!	23 D. ADDRESS	11 Hack	01+10		
abbio		Tears F. W	OEGREE	91) 1106	103	PIAL		
3	24A	REMOVAL (Specify)	NAME of CEMETERY OF CR			City, town, or county) (State)		
9				IEFICIAL CIRCLE	, ROSET			
	25A	The same of the sa	E OF REGISTRAR	SOL LEVINSON	& BROS.	INC.		
5	1/5	MAR 5 1968 (A.D. 6)	E. Jankey MA	6010 REISTER	STOWN RO	AD #21215		

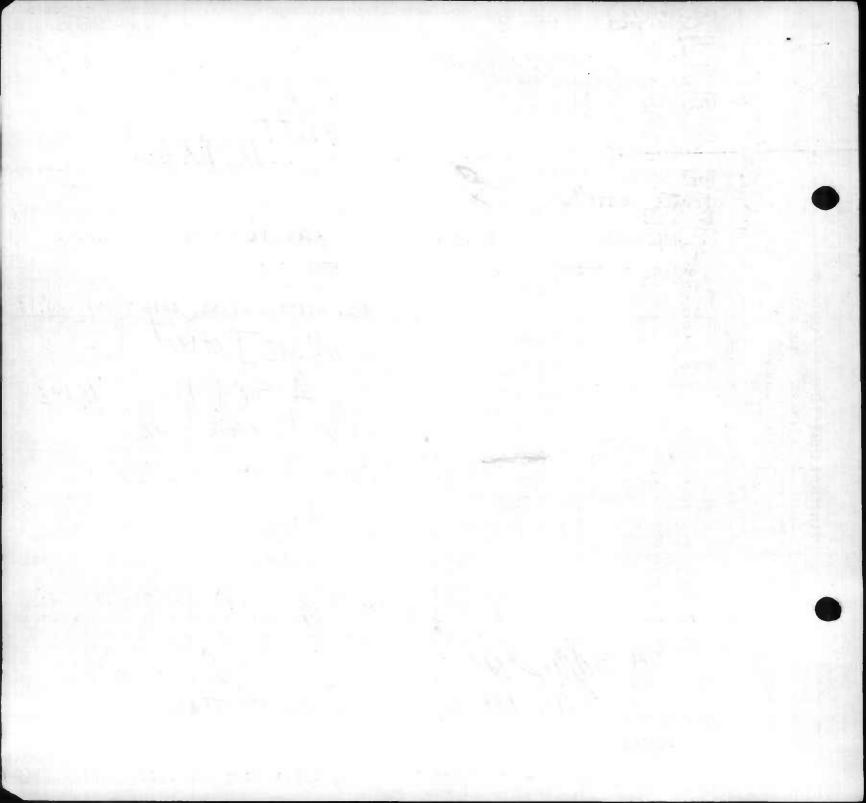


IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 68- 2508 CERTIFICATE OF DEATH pital and of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) O hospital death. 4. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ance 8. COUNTY A. STATE (5) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION cause D. INSIDE CITY LIMITS C CITY OR TOWN attend etermined cause; 0 YES Y = prior SINAI HOSPITAL F. STREET AND NUMBER contributing occurred 9 regular 8. DATE OF 9. AGE (In years If Under 1 Yr. 5. SEX If Under 24 Hrs. 6. RACE 7. MARRIED NEVER MARRIED is ma eceased last birthday Hours WIDOWED DIVORCED 84 OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most al working lite, even if retired) (4) Und U.S.A. ō POLAND AT HOME HOUSEWIFE MOS 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the DORA SAMUEL KAHANE death UO ADDRESS kind; 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance MILDRED WEISS 3419 REDMAN MRS. any APPROXIMATE INTERVAL CAUSE OF DEATH pronounced 18. OL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY SO. med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dving, e.g., DUE TO, OR AS A CONSEQUENCE bal heart failure, asthenia, etc. It means the disease, Uar xaminer. injury or camplication which caused death.) E ANTECEDENT CAUSES 0 who 0 DUE TO OR AS A CONSEQUENCE 10 are DISEASES OR CONDITIONS, if any, giving above cause (A) stating the 3 Ia the physician UNDERLYING CONDITION last. remains (c)... Was medical OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the CERTIFIC, 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19B. CONDITION FOR WHICH OFERATION 19A. DATE OF OPERATION ō WAS PERFORMED before 2 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF CAL hospital å DEATH (notify medical examiner) nature; obtained MEDI 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not White While At (APPROX.) Work At Work and to the any 22. I certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) aplnian death accurred an the date that (I) (we) last saw the deceased alive an eath) o hospital and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. was released must accident 23B. DATE SIGNED 23A. SIGNATUR must T Attending Med. 10 Phys. Director L Phys approval 0 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) An 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY ceased the body 0.0 REMOVAL (Specify) written shows: PETACH TIKVAH BURIAL 3-4-68 BALTIMORE MARYLAND SD 2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR q 3 LEVINSON & BROS. 6010 REISTERSTOW VS 150-REV. 1/1/6B

(Stote)

ROAD



(Ту	TH NO. 624 68- 2509 CERTIFICA	2. DATE AND HOUR OF DEATH	- 2509
	TRA" RXXXXIII. Margulis	3-2-68	7: 25 A.M.
3. I	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: reside A. STATE B. COUNTY	ence before odmission)
H	FULL NAME OF (If not in hospitol or institution, give street address or location) NSTITUTION	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give	re township)
1	S Church Home + Hospital	D. STREET ADDRESS (If rurol, give locotion)	-
_		11 N. HIGH STREET	
5, 5	MALE WHITE DIVORCED (specify) WISUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH 9. AGE (In years lost birthday) 6-30-1914 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	
	e during most of working life, even if retired)	WHAT	COUNTRY?
13.	SIGN PAINTER COMMERCIAL	BROOKLYN, NEW YORK U.	S.A.
	ISRAEL MARGULIS	RUBY WOLFE	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)[(If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT AD	DRESS
	YES W.W. II	MRS. DORIS MARGULIS, 5112 UN	IDERWOOD RE
-		DF DEATH INTO	ERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Por auce Sumboni	
	(This does not mean the mode of dying, e.g., DUE TO	Coroning wirmouse j	lew Louis
	heort foilure, osthenio, etc. It meons the disease, injury or complication which caused death,)	Coroney bumboni j arterio o elevotro Heart Duin	11.6.
	ANTECEDENT CAUSES (B) Q DUE TO	Mens seem its new suisi	<i>years</i>
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	V	
	UNDERLYING CONDITION last.		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mtension	
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CO	NSIDERED TH?
AL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., on CONTRIBUTING CAUSE OF home, form, foctory, street, on etc.)	in or about 21 C. WHERE DID (If in Bottimore City, give e) INJURY OCCUR?	koct locotion)
EDIC	21D. TIME (Month) (Doy) (Yeor) (Hourt 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
٤	OF INJURY (APPROX.) While At Not Whi At Work At Work		
	22. I certify that (1) (this hospital) attended the deceased from	3-2 1968 to 3-2	19 68
	that (I) (we) last saw the deceased alive an	19 68and that in(my) (aur) opinion death o	occurred on the dat
	ond hour and fram the couses stoted obave. (1) (We) (did) (did not)	view the body ofter deoth.	
		238. DATE S	IGNED
	23A. SIGNATURE	And Sill	- 10
	Rodulio M. Jun M.D. Att. Phy	ys. Director Diriys. Di	-2-68
	23A. SIGNATURE	23D. ADDRESS	-2-68 HOSPITAL
24	23A. SIGNATURE Rodulio A. Jun M.D. Att Phy 23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS CALL CHURCH HOME &	HOSPITAL
24/	23A. SIGNATURE Rodulio A. Jun M.D. Att Phy 23C. PHYSICIAN'S NAME (Type) Rodelio M. LIM M.D. A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CR	23D. ADDRESS CHA CHURCH HOME &	HOSPITAL

in section, Propelet

Charle Home - Herpful

Reportinies -

Fordelie to Then Rodolio M Lim

Manager and the state of the st

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BIG	F 68 25 10	Y HEALTH DEPARTMENT ATE OF DEATH Registered No.	68- 2510
M.	E. CASE NO.	2. DATE AND HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MARYLAND	MITACH 19	168 8 3 19. M. Institution: residence before admission
	FULL NAME OF (If not in hospital or institution, give street	MARYLAND	
	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
5	ival Hospital of Baltimone	D. STREET ADDRESS (If rurol, give location) 3319 MARNAT ROAD	#01000
5.	SEX 6.RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	FEMALE WHITE WIDOW A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY The during most of working life, even if retired)	12-12-1882 85 Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE AT HOME	HUNGARY	U.S.A
	? LANDSMAN	UNKNOWN	
1.5. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.		19 MARNAT RD. #8
-	NO 18.	MRS. ELIZABETH SCHILLE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11 that do	ONSET AND DEATH
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	on or may ma	
	ANTECEDENT CAUSES (B) Cur	diograme Shorts	18hr.
l	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the	youardial Infriction	2 day
	UNDERLYING CONDITION loss.	ASEVA	7
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFICA	19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
C AI CFB	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	in or oboy 21C. WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	re City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED		
	22. I certify that (\$\(\psi\)(this hospital) attended the deceased from	1948 to 19	narch 2 1968.
	that (1) (see) last saw the deceased alive an March		inion death occurred on the dote
	ond hour and from the couses stated obove. (1) (did) (did) (did) (did)	view the body ofter deoth.	23B. DATE SIGNED
		Itending Med. Stoff Phys. 23D. ADDRESS	March 1, 1968
	NAME (Type) E. H. LAZAR M.D		
24	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CI		City, town, or county) (State)
25	BURIAL 3-3-68 BALTIMORE HEB	REW REISTERSTOWN	ADDRESS
L	MAR 5 1968 Regulo E. Farleyna	SOL LEVINSON & BROS.	ROA 6010 REISTERSTOW
VS	150-REV. 1/1/65		V

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

	TH NO. 68- 2511 CERTIFICA	TE OF DEATH REG. NO. 68-2514
		TE OF DEATH
	DE OF DECEASED	2, DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, (If institution: residence before admissi
0.	THE	A. STATE B. COUNTY
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
JIN.	STITUTION CB of trans	BALTIMORE YES X NO
15	WAI HOSPITAL OF BALTIMORE INC.	E. STREET AND NUMBER
		7121 PARK HEIGHTS AVE, APT. 306
S. 9	MAKKIED 14EVEK MAKKIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months; Doys Hours; Mir
	EMALE WHITE WIDOWED X DIVORCED	9-1-1900 67
don	e during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN
-	EXECUTIVE OFFICE SUPPLY CO.	HUNGARY U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HENRY KAPLAN	ROSA LOEWY
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	NO	MR. HUGO KUNTZ. 6514 EDENVALE RD.
	18. 199. O I CAUSE OF DEATH	H APPROXIMATE INTERV. BETWEEN ONSET AND DE
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH	ISE acity of agreementines in
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. Il means the disease,	A CONSEQUENCE OF: Possible Panerea.
	injury or complication which coused death.)	ACONSEQUENCE OF PORNITY Parisan Charian or Castronilistical
	(B)	
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
	UNDERLYING CONDITION IOSI. (C)	
11.	199,21 11	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
Q	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21A: ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in o bout 21 C. WHERE DID (If In Boltimore City, give exect location)
CAL CE	OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ME	OF INJURY While At Not While	le 🗀
	Work 23 AT Work	
	22. I certify that (this haspital) attended the deceased from	-4-27 1968 to Feb 29 1968
	that (1) (wallast saw the deceased alive an File 2 A	19 68 and that in (and apinion death accurred on the
	and haur and fram the causes stated above. (1) (We) (did) (did not)	view the bady after death.
	23A. SIGNATURE	23B. DATE SIGNED
	D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ending Med. Staff Phys. Director Phys. D
24/	23 C. PHYSYCIAN'S	23D. ADDRESS
	NAME (Type) E. H. LAZAR	SINAI HOSPITAL
24	OEGREE A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	
	REMOVAL (Specify)	
20	BURTAL 3-1-68 BETH EL A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	RANDALLSTOWN, MARYLAND 25C. FUNERAL DIRECTOR ADDRESS D
231		25C. FUNERAL DIRECTOR ADDRESS R
100	WAD 5 1968 A) A By U Ata Man	CAL LEUTHCAN & PARA (ALA DETATERA
	MAR 5 1968 Robert E. Farkey M.	SOL LEVINSON & BROS., 6010 REISTERS

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Barrier Barrier Britania

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This certificate must be approved by the chief medical examiner or his assistant of death occurred in a hospital and, the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	-	1 1 - 00 05	BALTIMORE CITY	HEALTH DEPARTMENT			
	BIRT	H-632 68-251	CERTIFICA	TE OF DEATH	REG. NO	68- 25	512
-	1, N/ (Typ	AME OF DECEASED or Print) My David	HOROW	112 3-	HOUR OF DEATH	14:11	1 A M.
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		institution; residence before	e odmission)
	-HO	L NAME OF (IF NOT IN HOSPITAL OR INST SPITAL OR ADDRESS OR LOCATION)	TTUTION, GIVE STREET	C. CITY OR TOWN		BALTIMORE SIDE CITY LIMITS?	01
	2	3		BALTAMORE E. STREET AND NUMBER		YES XX NO	
	2	OHns Hopkins H	ospital.	418 WEST FAY		EET	
8 9:	5. SI	MALE WHITE WIDOWE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If U Months Doys Hours	nder 24 Hrs.
		USUAL OCCUPATION (Give kind of work 108, KIND during most of working, life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHA	T COUNTRY?
4	58	EWING MACHINE REPAIRMA	(L)	AUSTRIA		U.S.A.	
1	13. F	ATHER'S NAME ISIDORE		14. MOTHER'S MAIDEN NAM	E		
	20	XXXXXX HOROWITZ		JENNIE PR	ICE		
	1S. V (Yes,	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	3500 FT	ELDSTONE RO	DAD
		NO	+	TANNAH KRAMER.	BRONX.	NEW YORK	
		18. 4 90 XI	CAUSE OF DEATH			APPROXIMAT BETWEEN ONSE	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ta Parrell	17.5	-> 11-	7/17/5
		(This does not mean the made of dying, e.		SE / J (CO) C / A CONSEQUENCE OF:	/// \	SC //(C	7/01/13
		heart failure, asthenia, etc. It means the diseas injury ar camplication which caused death.)	e,	2 2	,		. 10
		ANTECEDENT CAUSES	(B) CHICON		THE LUK	IG DISEASE	YEAKS
		DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the	9	A CONSEQUENCE OF:			
		UNDERLYING CONDITION last.	(c)				
	z	501X II	^				
	Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).					
		19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERI	E FINDINGS CONSIDERED	
	ERTIFIC	0		NO			
		OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., ir ome, form, foctory, street, of tc.)	fice bldg., INJURY OCCUR?	(tf in Baltim	ore City, give exoct locatia	n)
3	0	21D. TIME (Month) (Doy) (Yeor) (Hour) 2 OF INJURY	1E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
	2	(A PPP OV)	While At Not While Nork At Work		10	7 /	10
		22. I certify that (1) this haspital) attended	the deceased from	2-27	(a) to s	3-1	19 60 .
		that((1)/(we) lost sow the deceased alive a	3-1	19 68 and the	t in (my) (our) o	pinion death occurred	on the dote
	2000	and hour and from the couses stated oboxe	(I) (We) (did) (did not) v	iew the bady ofter death.			
		23A. SIGNATURE	1 DOD WATER	nding Med. S	itaff [23 B. DATE SIGNED	0
		23C.PHYSICIAN'S	C. C. C. DOUNES		hys.	10-1-6	20
		NA(ME (Type)		JOHNS HOPKIN	S HOSPITA	.1	
	24A	ROBERT A. CORDESM. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE			City, town, or county)	(Stote)
		REMOVAL (Specify) 3-3-68					
		MOVAL - BURTAL B	E OF REGISTRAR	2SC. FUNERAL DIRECTOR		W JERSEY	
		MAR 5 1968 R.O.	B. E. Farley MA	SOL LEVINSON	6010 k	REISTERSTOW	N ROAD
- 1	VS 1	ISO-REV. 1/1/6B					

Dobn Nopkins Hospitas

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO. 68-2513

BIRTH NO.		7107 (2 27 (7					REG, NO		
1. NAME OF DEC	EASED			2. DATE	Known 🗌	Month	Day	Year	Haur
(Type or Print)	ARRY		CRYSTAL	OF DEATH	Estimated	Februar	v 29.	1968	2:55 P.
4. PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRONOU		3. DATE		Month	Day	Year	Hour
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION	, GIVE STREET	PRONC	UNCED DEAD	Februar	v 29.	1968	2:55 P.
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)		5 IISHAI	RESIDENCE (Where				
	THERAN HOSPI	TAL (DOA)		A. STATE			OUNTY	100000000	- 4/
					Maryland				Soull
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY O	RTOWN	D.	INSIDE CIT	Y LIMITS?	0 7
Male	White	WIDOWED [DIVORCED	Bal	timore		YE	s 🔀	NO O
9. DATE OF BIRTH	10. AGE (I		r 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER				
TTD 14	1 0 0 2	65 Months	Days Haurs Min.	4914	Bell Avenu	10			
FEB. 14	1903 tate or foreign country)		ZEN OF	13. FATHE					
		WH	AT COUNTRY?						
BALTIMO	RE MARYLA PATION (Give kind of work	ND	U.S.A.	HARI	LIS CRYST	TAL			
dane during mast of w	PATION (Give kind at work arking life, even if retired)	148. KIND OF BU	SINESS OR INDUSTR	Y IS. MOTH	EK S MAIDEN NAI	ME			
PROPR	TETOR	GROCERY	STORE	SAF	RAH ?	?			
16. WAS DECEASE	D EVER IN U.S. ARME	D FORCES? 17	. SOCIAL	18. INFOR			AD	DRESS	
NO	(If yes, give war ar dates		SECURITY NO. 16-03-442	IMPS	FRIEDA C	PVCTAI	491	A REI	LLE AVE.
19.	/ / X		CAUSE OF DEA		INILUM	NISIAL	7/1	AP	PROXIMATE INTERVA
1 2 9	631/							BETW	EEN ONSET AND DEA
	OR CONDITION DIRE	CTLY	Shotgun	wound	of chest			8	
	EADING TO DEATH		(A)IMMEDIATE						
heart failure,	at mean the made of d asthenia, etc. it means th	e disease,	DUE TO, OR	AS A CONSE	QUENCE OF:				
Injury or com	plication which caused de	ath.)							
	ITECEDENT CAUSES		(=)					13	
	OR CONDITIONS, IF AN	Y. GIVING	(B)DUE TO, OR	AS A CONS	EQUENCE OF:				
RISE TO THE	ABOVE CAUSE (A) STA	TING THE							
Z	IG CONDITION LAST.		(c)						
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	X 11						-		
OTHER SIGN	FICANT CONDITIONS C								
DISEASE OR	CONDITION GIVEN IN								
20A. DATE OF	OPERATION 208. CO	NDITION FOR W	HICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes ar Na)
ō									Yes
₹ 22A. EXTERI	VAL CAUSE WAS	22B. PL	CE OF INJURY(e.g.	in or about	22C. WHERE DID	(If in Baltimare CI	ty, give exa	ct lacation)	
O HNDERIVING	MOR CONTRIB-	hame, fo	rm, factory, street, affi	ce bldg., etc.)	INJURY OCCUR?	in the second of		/	-06
	USE OF DEATH.) (11) loor	Store		994 N. Fr		WII KOR	u /6	000
OF INJURY			INJURY OCCURRED	T WHILE			-		
(APPROX.)	2 29 68	2:47 p whi		WORK	Shot duri	ng appare	ent ho	ld-up	
23.									
I certi	ify that I held on	Inquiry 🔲 🔝 I	nspection A	utopsy K	ond that on t	his basis, dec	oth in my	opinion	
result	ed from: Natural car	uses Acc	ident Suici	de 🗌 🕒	fomicide x	Undetermined	manner		
		.,,	1		CHIEF MEDICAL	EXAMINER T			
ACTUAL	(6,1	11/11/11	1-	ACI	SISTANT MEDICAL	47			DATE SIGNED
SIGNATU		VIRCON	М.	D.					
EXAMINI	er's Rona	ld N. Kor	nblum, M.D.	ASS	OCIATE MEDICAL	EXAMINER			3-1-68
NAME (T		la :-	ALAME & SPACE	CPTILL	OBV lasa	LOCATION	100		(2)
24A. BURIAL CREA REMOVAL (Specif		24C.	NAME of CEMETERY	or CREMAT	OKY 24D.	LOCATION	(City, tawn	, ar caunty) (State)
BURIAL		SS MT	KRO KODES	H BETH	H ISRAEL	. BOWL	EYS I	ANE	
25A. DATE REC'D		25B. NAME O			FUNERAL DIRECT			DDRESS	
	100		. charity and		L LEVINSO				
1	MAR 5 1968	Volue	2. Farburns	60		ERSTOWN			
VS 151-REV. 1/1/6B	N875	1							

TATERORE PRESENTANTAL LA CALLA CRESTAL TRONTELAT THANKS STATE MARKS TO SARAH LIGHTS-(--1718S FRIEDA CRYSTAL) (THE GRELL AND.

IMPORTANT DIRECTOR: FUNERAL

68- 2514 CERTIFICATE OF DEATH pital and of death the Deceased BIRTH NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. 4. USUAL RESIDENCE (Where deceased institution: residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE B. COUNTY Undetermined cause; (5) contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR D. INSIDE CITY LIMITS? offend 0 o occurred in prior STREET AND NUMBER made regular AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED deceased ost birthdoy) WIDOWED DIVORCED disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if relired) death 2 13. FATHER'S NAME Was the 14. MOTHER'S MAIDEN NAME direct (4) 0 death no 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance DEATH any CAUSE OF 18. pronounced DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, gular xaminer. injury or complication which caused death,) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE 4 are DISEASES OR CONDITIONS, if ony, giving (3) to the above couse (A) stating the physician the remains UNDERLYING CONDITION last, 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). chief 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF PPERATION IN CERTIFYING CAUSES OF DEATH? 0 CERTIFI WAS PERFORMED before the (7) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) where OR CONTRIBUTING CAUSE OF the hospital 2 Z DEATH (notify nature; obtained 21 D. TIME OF INJURY (Month) (Dov) (Hour) (Yeor) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except While At [Not While (APPROX.) At Work and any 22. I certify that (1) (this hospital) attended the deceased from 10 that (1) (we) last saw the deceased alive an. and that in (my) (our) apinian death accurred an the date be eath) o hospital and hour And from the causes, stated above ((1)) Wet (did) (did not) view the bady ofter deoth. must accident 3A. SIGNATURE ŏ Attending [Med. was rele 10 Phys. Director approval O NAME (Type) 23D. ADDRESS prior certificate at An D.O.A. 24A, BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) eceased the body REMOVAL (Specify written shows: CEMETERY RK WOOD Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR T

BALTIMORE CITY HEALTH DEPARTMENT

68-2514 REG. NO.

00

YES X

If Under 1 Yr. Months: Doys

PI

NOF

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

12 CITIZEN OF WHAT COUNTRY?

ADDRESS

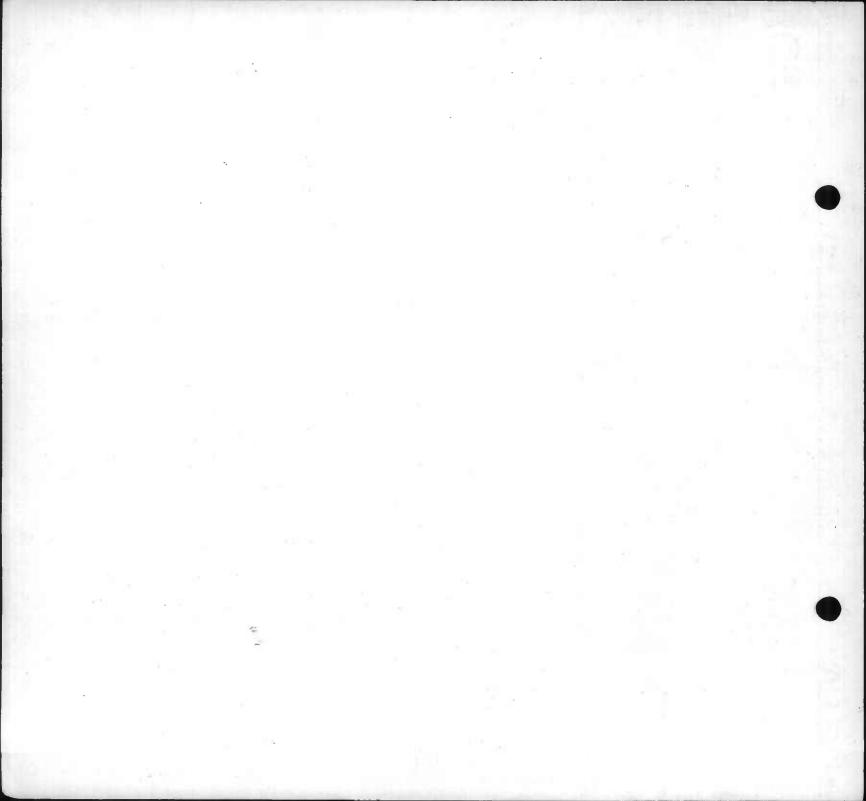
If Under 24 Hrs.

VS 150-REV. 1/1/6B

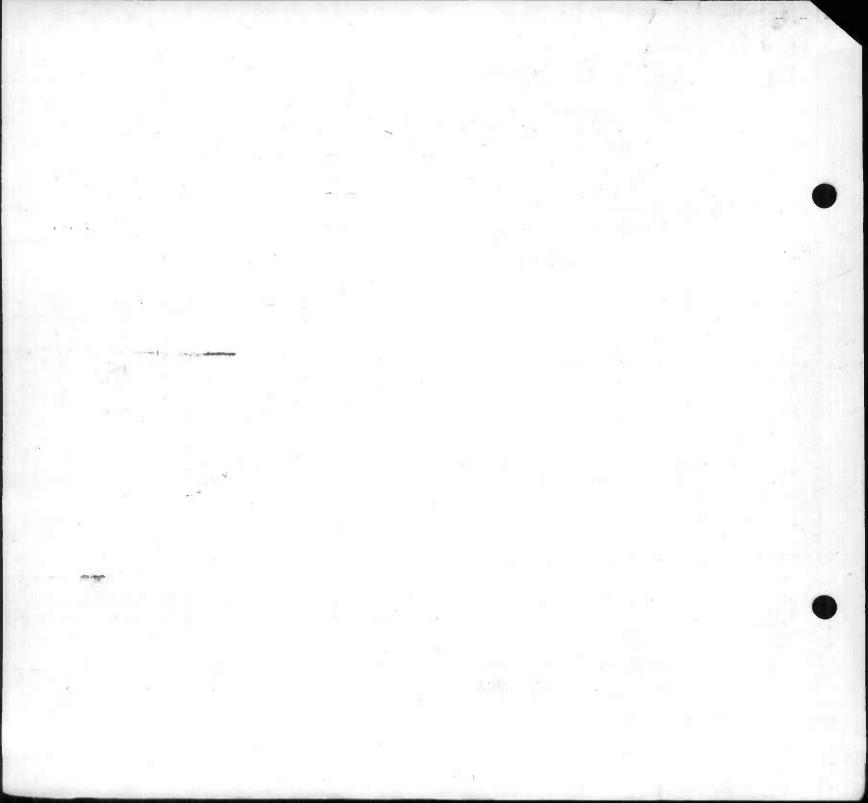
(Stote)

23B, DATE SIGNED

ULLRICH FUNERAL HOME



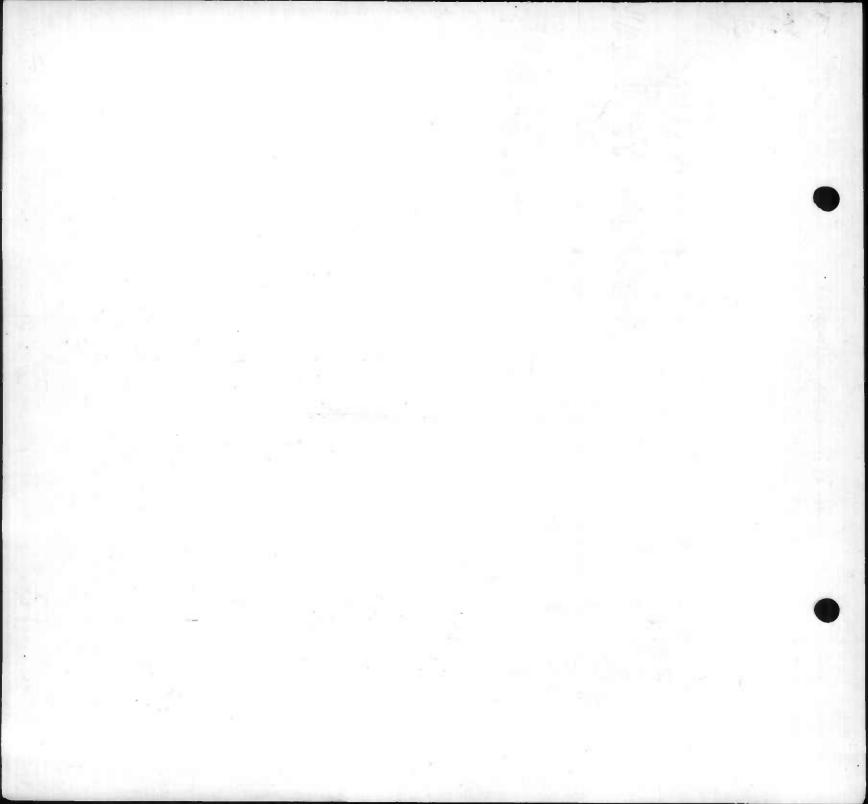
	0 -	00.	954	BALTIMORE CITY	HEALTH DEPARTMENT		00 0545
	6-5	34 60	- 2513	CERTIFICA	TE OF DEATH	REG. NO	68- 2515
1. N	TH NO. IAME OF DEC pe or Print)	gen lue	hill			AND HOUR OF DEATH	AM
3	PLACE IN RAI	GENTILE				100	stitution: residence before odmission
FU	LL NAME OF	Ė		JTION, GIVE STREET	Maryland 8. CC	DUNTY	16-65
IN:	SPITAL OR STITUTION	Baltimore C:	ity Hosp	itals	Baltimore	D. INSI	YES X NO
1	31	4940 Eastern Baltimore, M		21224	6417 Easte:		21224
5. 5	SEX	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F	emale	White	WIDOWED		7-22-1919	10st birtindoy/ 48	
		working life, even if retired)	108, KIND OF		Maryland	foreign country)	U.S.A.
13.	FATHER'S NA!	Joe Selle:	rs		14. MOTHER'S MAIDEN I	Annie L.O'D	aniell
15.	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	NO Unknown	(If yes, give wor or dote	is of service)	SECURITY NO.	Records: BCH-	4940 Eastern	Avenue 21224
	18. / DISEAS	EE OR CONDITION DI	RECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAL	USE Marked Bra A CONSEQUENCE OF:	in swelling	2/17/68
		nol mean the mode of asthenia, etc. 11 means		DUE TO, OR A5	A CONSEQUENCE OF:		T.
		plicolion which coused	death.)	0 . /-	1	1.1.00	12 12 40 100
	4	ANTECEDENT CAUSES		(B) Muplur	of allucyon	of marner G	noted a 12\$168
	rise to the	OR CONDITIONS, if a bove couse (A) G CONDITION last.		(C)	A CONSEQUENCE OF:	out ex	
	230	X II		(-,			
CERTIFICATION	TO THE DEAT	CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL				
TIFIC	1 2 / 20	OPERATION 198. CON	FORMED /	WHICH OPERATION	20 A. AUTOPSY? (Yes of	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
S. S.	21 A. ACCIDE	NT WAS UNDERLYING	7 21 B,	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DIE	O (If In Boltimor	e City, give exact location)
A	OR CONTRIBL	TING CAUSE OF medicol exominer	hom etc.)	e, form, foctory, street, o	ffice bldg., INJURY OCCUR	?	
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Yeor)		INJURY OCCURRED ile At	le 🦳	INJURY OCCUR?	
	22 Logstify	that (1) (this haspital			2/17	19 68 to 2	127/68 19
		lost sow the deceose		0/201	6.8 19 ond		nian deoth occurred on the dote
	ond hour and	d from the causes sto	ted obove. (I) (We) (did) (did not)	view the body ofter deo	th.	
	23A. SIGNATU	IRE 1. A	in ma	milia MD		S. II .	23B, DATE SIGNED
		Lesaela	wat trough	DE GREE Phy		Staff Phys. 2	2/27/68
	PHYSICIA NAME (T	The second seconds	immanini i	namnilya DEGREE	23D. ADDRESS 4940	Eastern Avenu	e,Baltimore, ryland 21224
24/	A BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 240	LOCATION (C	ity, town, or county) (State)
F	Burial	3/1/68	0:	ak Lawn Cemet	ery	Colgate, Md.	
		AR 5 1968		DE REGISTRANDENMA	25C. FUNERAL DIREC		dalk, Md.
VC	160-PEV 1/1/	4 B					



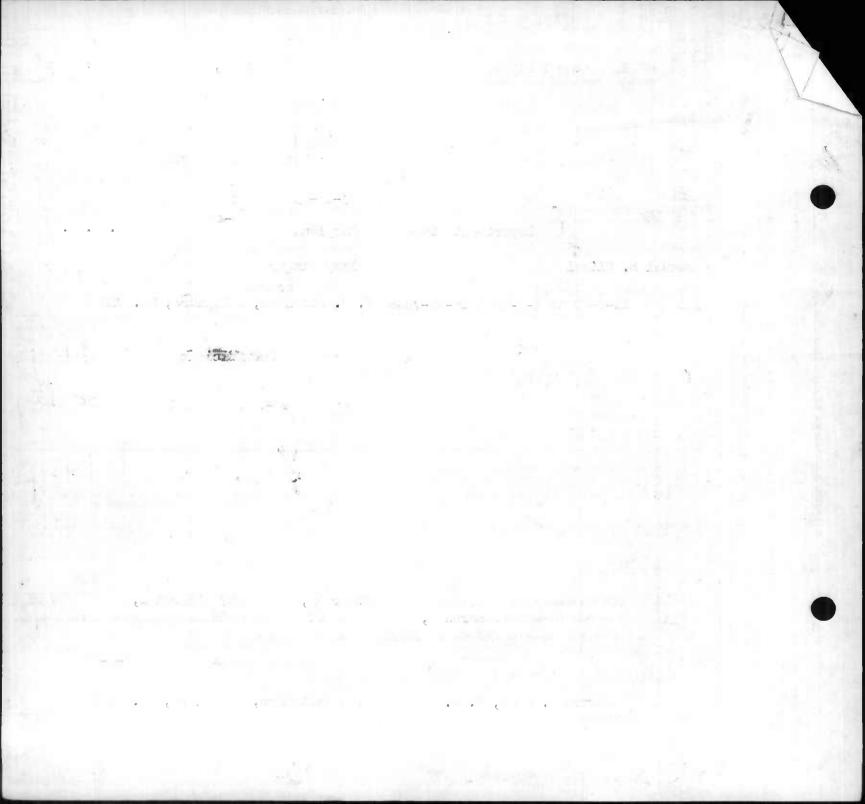
1	150 %		00	- 25	16 BALTIMORE-CIT	Y HEALTH DEPA	RTMENT			68	2516
-	BIRT	TH NO.	00	40.	CERTIFICA	ATE OF D	EATH	REG. NO		00	4010
	1. N.	AME OF DECE	ASED					ND HOUR OF DEAT 29/68 9		11-	151
			William C	Dersch	DUNCED DEAD	4. USUAL RESI		ere deceased lived. If	in stitution:	esidence b	efore odmission)
						A. STATE	8. COU	NTY			4.6
	HO	LL NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	ATION)	TUTION, GIVE STREET	C. CITY OF TOV	and	D. II	ISIDE CITY	LIMITS	1-1
	1111	6	2410 Wellbrid	lge Dri	ve		timore		YES	J Ki	0
	1	1				E. STREET: AUNID		ge Drive			
	5. S	EX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIR		9. AGE (In years	If Und	er 1 Yı. , I	If Under 24 His.
	ma		white	WIDOWE	= =	Feb 10 1		lost birthdoy	Months	Doys H	lours Min.
				10B. KIND C	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or for	eign country)	12. CIT	IZEN OF W	HAT COUNTRY?
	done	e during most of w	rarking life, even if retired)	Groce	r	Baltimo	re				
	13. [FATHER'S NAM	NE .			14. MOTHER'S	MAIDEN NA	ME			
		John S	Dersch			Cathe	rine B	rendle			
	15. V (Yes	Nos Deceosed ,no or unknown)	Ever in U. S. Armed For III yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT				ADDRESS	š
					213 26 5433		Dersch	2410 Wellbr	ridge I		
		DISEASE	E OR CONDITION DI	S X	CAUSE OF DEA	IH A	W	uni F	A		MATE INTERVAL
			LEADING TO DEATH		(IMARBIATE O	STELCO MI	LOCAL	ditisconsi	tiefa	Puro	LLyeaus
		heart lailure,	al mean the made al asthenia, etc. II means	the disease		A CONSEQUENC	OF:	J	0		
			plication which caused		Clare 1	60	h'T	00	٥,		
			NTECEDENT CAUSES R CONDITIONS, if		to the total	ll severe)	wirs	Xolenosi			
		rise la lhe	abave cause (A)			1	.01	2 - A. 10	- 2-	cles	111
		UNDERLYING	CONDITION (asi,			und-ma	10/	JOS XAX	- 6	1	
1	20		CANT CONDITIONS CO				"				
			H BUT NOT RELATED TO TONDITION GIVEN IN PAR	RT 1 (A).	WHICH OPERATION	120A AUTOR		o) 20B. IF YES, WER	E EINDING	CONSIDE	EDED
	ERTIFIC	ITALDATE OF	WAS PER		WHICH OFEKATION	ZUAL ACTORS	31: 1163 01 14	IN CERTIFYING	CAUSES OF	DEATH?	LRED
	U	21 A. ACCIDEN	TING CAUSE OF	21	B. PLACE OF INJURY le.g.	in or obout 21 C. W	HERE DID	(If in Baltin	nore City, gi	ve exoct loc	ation)
	U		medical exominer)		c.)	3.					
		21 D. TIME OF INJURY	(Month) (Doy) Year)		E. INJURY OCCURRED /hile At Not Wi		OW DID IN	JURY OCCUR?			
		(APPROX.)		W	/ork L At Wor			m 9	3 0	, 7 6	9 69
			that (1) (this bospit a		The Unit	c 68	y	194/10(ev	, ,	1960,
			last saw the decease			1960/		hat in (my) (aur) a	ıpinian de	ath accurr	ed an the date
	1 1	23A SIGNATUI		/ ((1) (Me) (did nat)	view the bady o	itter death.		238. DA	TE SIGNED	
		GHAN	old V.	Has			led.	Staff Phys.	Jun	d 2.	1968
		23C. PHYSICIAL	N'S Henold V	Uembe	A CD	23D. ADDRESS		n a	_5	1	1 7 0
			ree Harold V		DEGRE	4706 Har.	lora Re	Date Date	more)-2121	4, Mel
	24A	REMOVAL (S	AATION, 24B. DATE pecify)	24C.	NAME of CEMETERY of C	REMATORY	24D.	LOCATION	(City, town,	or county)	(State)

24A. BURIAL CREMATION, 24B. DATE
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county)

burial
March 4/68 Loudon Park Cemetery
25A. DATE REC'D BY HEALTH DEPT.
25B. NAME OF REGISTRAN
25C. FUNERAL DIRECTOR
25C. FUNERAL DIRECT



	H NO.	CEACED	CERTIFICA	TE OF DEATH	ND HOUR OF DEATH	
	e or Print)		Promote		ch 1, 1968	7:45 A
2 9	NACE IN RA	ITZEL, Samuel	HERE PRONOUNCED DEAD			institution: residence before odm
3. F	TACE III BA	EIMORE, MARIERID, W	THERE PRONOUNCED DEAD	A. STATE B. COL		manifestoria restaura octore gant
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland		07 5
INS	TITUTION		inistration Hospital	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
1	13		ven Boulevard	Baltimore E. STREET AND NUMBER		AE2 X NP
0		Baltimore, Ma		6201 Loch Ra	ven Bouleva	ard
5. S	EV	6. RACE		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 2
	Male	White	7- MARRIED NEVER MARRIED X	5-15-13	lost birthdoy	Months Doys Hours
		CUPATION (Give kind of world	108, KIND OF BUSINESS OR INDUSTR			12, CITIZEN OF WHAT COL
		f working life, even if retired)	Department Store	Maryland		U. S. A.
13. F	ATHER'S NA	AME		14. MOTHER'S MAIDEN N.	AME	
		E. Nitzel		Mary Singer		
15 W		d Ever in U. S. Armed For	rces? 1 6. SOCIAL		1	ADDRESS
(Yes	, no or unknow	n) (If yes, give wor or dote	s of service) SECURITY NO.	17. INFORMANT Record		
7	les	11-3-42 to	8-3-45 215-05-7648	V. A. Hospital	, Baltimore,	Md. STYTE
	DISEASES	ANTECEDENT CAUSES	(B) SQ.C.C	ndary to Ileo-o	olic fistula	a 30 de
CERTIFIC	UNDERLYIN 578 X OTHER SIGN TO THE DEA DISEASE OR 19A. DATE OF	OR CONDITIONS, if the above cause (A) IG CONDITION last. II IFICANT CONDITIONS CONTINUE TO THE CONDITION OF PARTIES OF PERATION 179B. CONWAS PER	ONTRIBUTING HE TERMINAL RT 1 (A). OFFICE OF A OFFICE OF	monary conjesti 20A. AUTOPSY? (Yes or Yes	On, severe	E FINDINGS CONSIDERED AUSES OF DEATH?
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CAL CERTIFICATI	TISE IO III UNDERLYIN 578 X OTHER SIGN TO THE DEA DISEASE OR 19A. DATE OF 21A. A CCID OR CONTRIE DEATH (notil) 21D. TIME	OR CONDITIONS, if the above cause (A) IG CONDITION last. II IFICANT CONDITIONS CONTINUES ATH BUT NOT RELATED TO	ONTRIBUTING THE TERMINAL TO A COMMENT OF THE TERMINAL OF THE TERMINAL TO A COMMENT OF THE TERMINAL OF	monary conjecti 20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFICATI	TISE TO THE PROPERTY OF THE DEATH (not) 21 A. ACCID OR CONTRIEDEATH (not) 21 D. TIME OF INJURY (APPROX.) 22. I certif	OR CONDITIONS, if the above cause (A) IG CONDITION last. II IFICANT CONDITIONS CONTH BUT NOT RELATED TO TOONDITION GIVEN IN PART OF OPERATION 198. CONTH WAS PER SUTING CAUSE OF LY medicol exomined (Month) (Doy) (Year) y that IN (this haspital) last saw the decease of the control of the co	any, giving sloting lhe ONTRIBUTING (C)	monary conjesti 20A. AUTOPSY? (Yes or Yes) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. How DID IN item of the company of th	On, severe No) 208, IF YES, WERE IN CERTIFYING C. (II In Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact location)
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MEDICAL CERTIFICATI	TISE IO II UNDERLYIN 578 X OTHER SIGN TO THE DEA DISEASE OR 179.A. DATE OF 21A. ACCID OR CONTRIL DEATH (notil 21D. TIME OF INJURY (APPROX.) 22. I certif that XIX (we and hour of	OR CONDITIONS, if the above cause (A) IG CONDITION last. II IFICANT CONDITION S CONTH BUT NOT RELATED TO TOONDITION GIVEN IN PART OF OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF by medical examined (Month) (Day) (Year) The condition of the causes start was the decease of the causes start was the decease of the causes start was under the causes start was the decease of the causes start was the decease of the causes start was the decease of the causes start was the cause of the cause start was the cause of the cause	ONTRIBUTING HE TERMINAL TO THE	monary conjecti 20A. AUTOPSY? (Yes or Yes) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. How DID IN the company of the bady after death of the bady after deat	(II In Baltimo	e FINDINGS CONSIDERED AUSES OF DEATH? are City, give exoct locotion) Ch 1, 19 pinlon death occurred an the 3-1-68
MEDICAL CERTIFICATI	OTHER SIGN TO THE DEATH (AND THE DEATH (AND THE DEATH (AND THE DEATH (AND THE DEATH (APPROX.) 23C. PHYSICI NAME (CAPPA)	OR CONDITIONS, if the above cause (A) IG CONDITION last. II IFICANT CONDITIONS CONTINUED TO THE CONDITION OF THE CONDITION O	any, giving sloting the (C)	monary conjecti 20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. How DID IN ile 22F. How DID IN ile 23F. ADDRESS	On, severe No) 208. IF YES, WERE IN CERTIFYING C. (II In Baltimote) (II In Baltimote) (Our) open that in Aug.)	E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exoct locotion) Ch 1, 19 pinlon death occurred an the 3-1-68
MEDICAL CERTIFICATI	TISE TO THE PROPERTY OF THE DEATH (notification	OR CONDITIONS, if the above cause (A) IG CONDITION last. II IFICANT CONDITIONS CONTROL TO THE PROPERTY IN THE	ONTRIBUTING CHE TERMINAL TO I (A). 10 TO I (A). 10 TO I (A). 11 (A). 12 TO I (A). 12 TO I (A). 13 TO I (A). 14 TO I (A). 15 TO I (A). 16 TO I (A). 17 TO I (A). 18 PLACE OF INJURY (e.g., form, foctory, street, form, foc	monary conjecti 20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN ile 21F. HOW DID IN	On, severe No) 208, IF YES, WERE IN CERTIFYING C. (II In Bultimore) Shoff Phys	E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exoct locotion) Ch 1, 19 (1) printed death occurred an the 23B. DATE SIGNED 3-1-68 Md. 21218 City, town, or county) (S
MEDICAL CERTIFICATI	TISE TO THE PROPERTY OF THE DEATH (notified that IN (we and hour of 23A. SUNAT 23C. PHYSICI NAME (Suran).	OR CONDITIONS, if the above cause (A) IG CONDITION last. II IFICANT CONDITION S CONTH BUT NOT RELATED TO TOONDITION GIVEN IN PAF OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF by medical examines (Month) (Doy) (Year) The condition of the causes start was underly (This haspital examines) last saw the decease of the causes start was underly (This haspital examines) last saw the decease of the causes start was underly (This haspital examines) last saw the decease of the causes start was underly (This haspital examines) last saw the decease of the causes start was underly (This haspital examines) last saw the decease of the causes start was underly (This haspital examines) last saw the decease of the causes start was underly (This haspital examines).	any, giving sloting the (C)	monary conjecti 20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN ile 21F. HOW DID IN	On, severe No) 208. IF YES, WERE IN CERTIFYING C. (II In Baltimote) (II In Baltimote) (Our) open that in Aug.)	E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exoct locotion) Ch 1, 19 pinlon death occurred an the 3-1-68 Md. 21218 City, town, or county) (S



24C. NAME of CEMETERY OF CREMATORY

25B. NAME OF REGISTRAR

24D. LOCATION

(City, town, or county)

24A. BURIAL CREMATION.

2SA. DATE

REMOVAL (Specify)

deceased

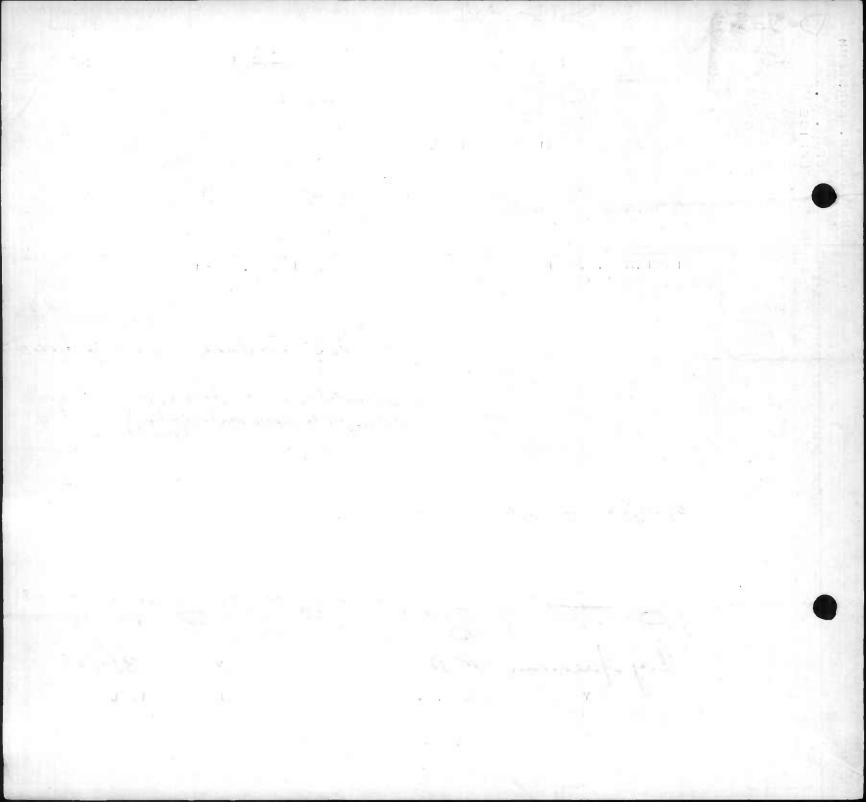
D.0.

SID

the body

shows:

24B. DATE



1	00	BALTIMORE CITY	HEALTH DEPARTMENT		9653 2519
+	55	2519 CERTIFICA	TE OF DEATH	REG/NO.	7000 5013
BIRTH NO.	ACED	GERTIN 107		AND HOUR OF DEATH	atha.
(Type or Print)	MARTIN	M. KENDALL		ruary 29, 1968	4 10
2 BLACE IN BALT	IMORE MARYLAND, WHERE			Where deceased lived. If ins	itution: residence before odmissio
3. PLACE IN BALT	IMORE, MARILAND, WHERE	PRONOUNCED DEAD	A. STATE B. CO	UNTY	1
FULL NAME OF	(IF NOT IN HOSPITAL O	R INSTITUTION, GIVE STREET	Maryland	Baltimo:	
HOSPITAL OR	ADDRESS OR LOCATION	4)	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
	St. Agnes Hos	nital	Arbutus		YES NO I
460	_	-	E. STREET AND NUMBER		
12	Wilkens & Cat			th Avenue	
5. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male	White W	DOWED DIVORCED	Capy 15 169	8 2	
		KIND OF BUSINESS OR INDUSTRY	1 %. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUN
17. 1. 1.	vorking life, even if retired)	Truch	mary	land	USA
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
74.	· > 1/	1.00	Magar		earl
1/00	ry n. le	chall	17. INFORMANT	c man	ADDRESS 0100
(Yes, no or unknown)	(If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	/ 0	V	2122
		705-12-3711	Mr. Edward 1	M. Kendall, 12:	21 North Ave.
JB. 1171	2 V I	CAUSE OF DEAT	н.		APPROXIMATE INTERVA
DISEAS	E OR CONDITION DIRECT	LY	() 18		11206
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Melu	enza	1 Wash
	al mean the mode of dyir	ng, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	/	
	asthenia, etc. 11 means the plication which caused dea		,	V	
	ANTECEDENT CAUSES				,
DISEASES	R CONDITIONS, if any,	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise Io the	above cause (A) slat				
UNDERLYING	CONDITION last.	(c)			
7 4807	(II				
OTHER SIGNIE	ICANT CONDITIONS CONTRI H BUT NOT RELATED TO THE TE	BUTING			
▼ DISEASE OR C	ONDITION GIVEN IN PART 1 (A	A).	20A. AUTOPSY? (Yes o	No) 208. IF YES WEDE F	INDINGS CONSIDERED
E ISA. DATE OF	WAS PERFORM	MED WHICH OFERATION	ZVA. AOTOTSI: Tres	IN CERTIFYING CAU	SES OF DEATH?
85	NT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DI	D (If in Boltimore	City, give exoct location)
OR CONTRIBU	ITING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCU	R?	,,
U	medical examiner				
OF INJURY	(Month) (Day) (Year) (H			INJURY OCCUR?	
(APPROX.)		While At Work At Work			
22 certify	that (1) (this haspital) at	tended the deceosed from	ret 23	1968 to Mi	walh 19 Cal
	lost sow the deceased of	20	_ ,)		ion deoth occurred on the
					non death accounted on the
		obove. (I) (We) (did) (did not)	view the body ofter deo	oth.	DATE SIGNED
23A. SIGNATU	RE /		ending Med.	- Shall -	23B. DATE SIGNED
	. U. Xal	Cy DEGREE Phy		Staff Phys.	march 2 196
23C. PHYSICIA		1	23D. ADDRESS		
I I I I I I I I I I I I I I I I I I I	Dr. Leo A.	La/11y	Frederick &	Rolling Roads,	Catonsville, Md
24A. BURIAL CREA	MATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 241	D. LOCATION (Cit	y, town, or county) (State
Burial	3-4-1968	Holy Redeemer Co	emeterv	Baltimore, Mar	yland
Dullar	D-4-1500	HOLY REGECTION			J

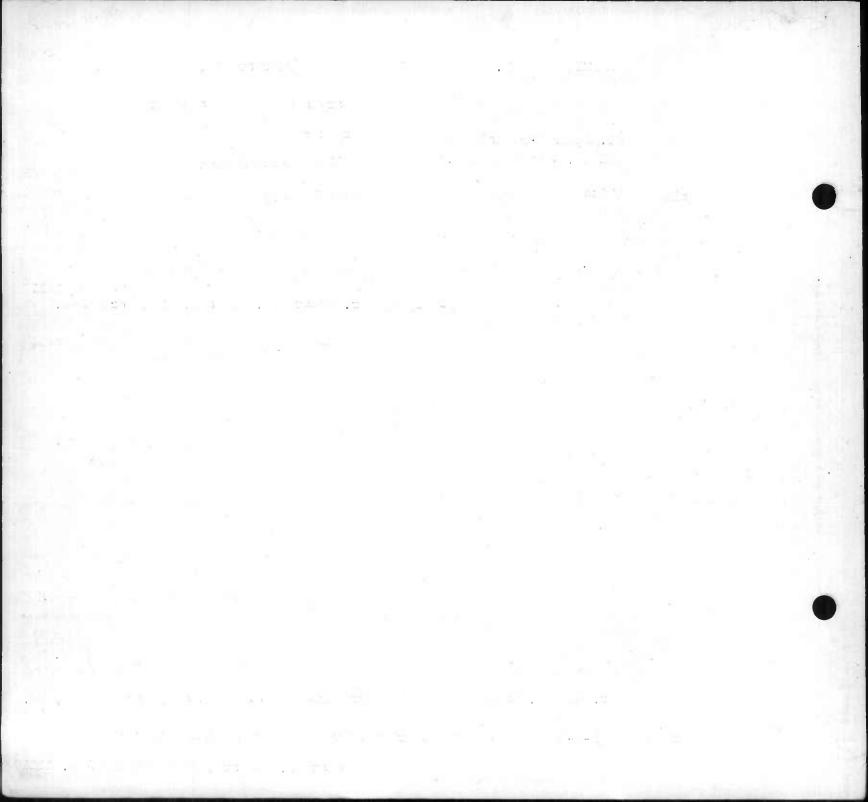
25C. FUNERAL DIRECTOR

25 B. NAME OF REGISTRAR

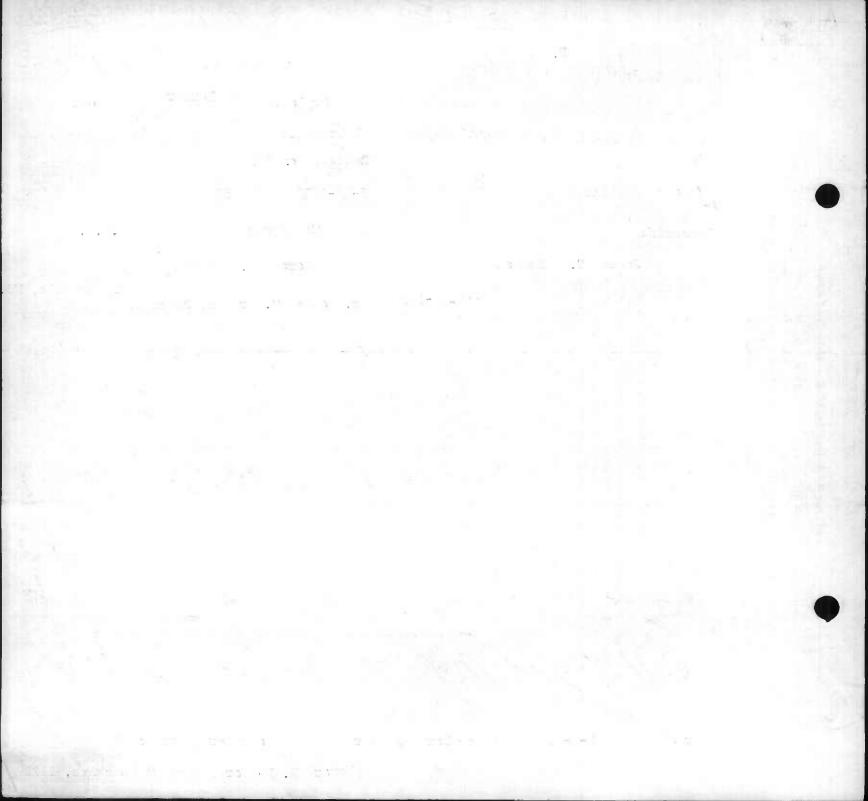
ADDRESS

Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68



68- 2	2520 CERTIFICA	TE OF DEATH	REG. NO	68- 2520
1. NAME OF DECEASED P. (Type or Print)	her		ND HOUR OF DEATH	190× 130/mm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Who	NTY	nstitution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland	Harford	02-00
INSTITUTION		C. CITY OR TOWN	D. INSI	YES NO X
SINDS HOSPITAL OF	BAITIMORY	Pylesville E. STREET AND NUMBER		LEZ NOW
42		Routel, Box 10	9	
	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs Min.
Female White WIDO		5-16-1911	56	
10A. USUAL OCCUPATION (Give kind of wark 10B, KIN dane during most of warking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Tennesse	ee	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
James T. Dunga	n	Sarah	A. Coplin	
15. Wos Deceosed Ever in U. S. Armed Farces? (Yes,no ar unknawn) (If yes, give war ar dates af serv	rice) 1 6- SOCIAL SECURITY NO.	17. INFORMANT		Address Pylesville, M
	227-14-3958	Mr. Daniel T.	Archer, Rout	
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	(c)	A CONSEQUENCE OF: OPPORTUGE 20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID fiftee bidge, INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? re City, give exact location)
DEATH (notify medical examiner)	etc.)	mos Brogg, mrs okt o dook.		
21 D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work Nat While At Work			
22. 1 certify that (B) (this haspital) attend that (1) (see) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	an 2-29 ve. (I) (##) (did) (####) Atte	19 43 and the pady after death and the pady after death and the pady after death and the padding Med.	hat in (my) (ex) api	nian death accurred an the date 238. DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	DEGREE 4C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, tawn, or caunty) (Stote)
	Loudon Park Ceme		ltimore, Mar	ryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
VS 150-REV. WAR 5 1968 (R.C.)	- 2 Fallyna	Howard H. Hu	bbard, 4107	Wilkens Ave. 21229



T-520

68- 2521 BALTIMORE CITY HEALTH DEPARTMENT

V 68- 2521

MEDICAL EXAMINER'S CERTIFICATE	. ОГ	DEATH.
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BIRTH NO.	LEG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
WALTON E. THOM	AS DEATH Estimoted March 1, 1968 9:35 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 1, 1968 9:35 P.M.
LUTHERAN HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	Maryland Baltimore
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	D. INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Months; Doys; Hours;	
7-17-1917	4417 Alan Drive Apt. C 53-00
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Georgia WHAT COUNTRY? U.S.A.	Walton W. Thomas
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDU	JSTRY 15. MOTHER'S MAIDEN NAME
Truck Driver C. Hofferger 0il (Co. Della L. Sorrels
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	1B. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 251-03-957	70 Mrs. Iris Thomas, 4417 Alan Drive, Apt. C
19. 1 CAUSE OF	DEATH APPROXIMATE INTERVAL
E 765 X	BETWEEN ONSET AND DEATH
	shot wound of abdomen
	IATE CAUSE , OR AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
E PRIX II	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	N WAS PERFORMED 21. AUTOPSY? (Yes or No)
0	yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY	(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exect location)
UNDERLYING XOR CONTRIB- home, form, foctory, street,	t, office bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. Stree	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCUR	•
	Shotgun wound of abdomen
23. I certify that I held an Inquiry Inspection	Autapsy 🗵 and that an this basis, death in my apinian
	uicide Hamicide X Undetermined manner
ACTUAL () 1/1/2 1/m	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE O MORE LI FRENCE	_M.D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Ronald N. Korhblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER 3-3-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET REMOVAL (Specify)	TERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 3-5-1968 Whitmire Co	emetery Whitmire, South Carolina
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
	Howard H. Hubbard, 4107 Wilkens Ave. 2122
VS 151-REV. I/1/6B	

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68- 2522 BALTIMORE CITY HEALTH DEPARTMENT S-43 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. NAME OF DECEASED DATE Known Manth Year Haur (Type or Print) RAYMOND OF E . SCHULTHE IS Estimoted March 1, 1968 4:45 P. M DEATH Hour 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Day Yeor 13. PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF March 1968 4:45 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) ST. AGNES HOSPITAL (DOA) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN D. INSIDE CITY LIMITS? 7. RACE 6. SEX B. MARRIED NEVER MARRIED Male White WIDOWED . DIVORCED __ NO E. STREET AND NUMBER DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthday) 37 Months, Days, Haurs, Min. 1411 Ingleside Avenue 8-24-1930 12. CITIZEN OF 13. FATHER'S NAME 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? Maryland U.S.A. Walter D. Schultheis

14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during mast of warking life, even if retired) Mildred E. Gray Glazer 18. INFORMANT ADDRESS 21207 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, na ar unknown) (if yes, give wor ar dates of service) 213-26-1929 Mrs. Melvina V. Schultheis, 1411 Ingleside Ave CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic Cardivvascular Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ō OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) O Yes 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exoct locotion) hame, farm, foctory, street, affice bldg., etc.) INJURY OCCUR? Y 22A. **EXTERNAL CAUSE WAS** UNDERLYING OR CONTRIB UTING CAUSE OF DEATH. 22D. TIME (Month) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT NOT WHILE I (APPROX.) WORK AT WORK 23. Autopsy I certify that I held on Inquiry Inspection ond that on this basis, death in my opinion resulted from: Notural couses Accident ___ Suicide Homicide ___ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER Ronald N. Kornblum, M.D.

SIGNATURE

EXAMINER'S NAME (Type)

24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 3-5-1968 Burial Baltimore, Maryland Loudon Park Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 1968 VS 151-REV. 1/1/6B

ASSOCIATE MEDICAL EXAMINER

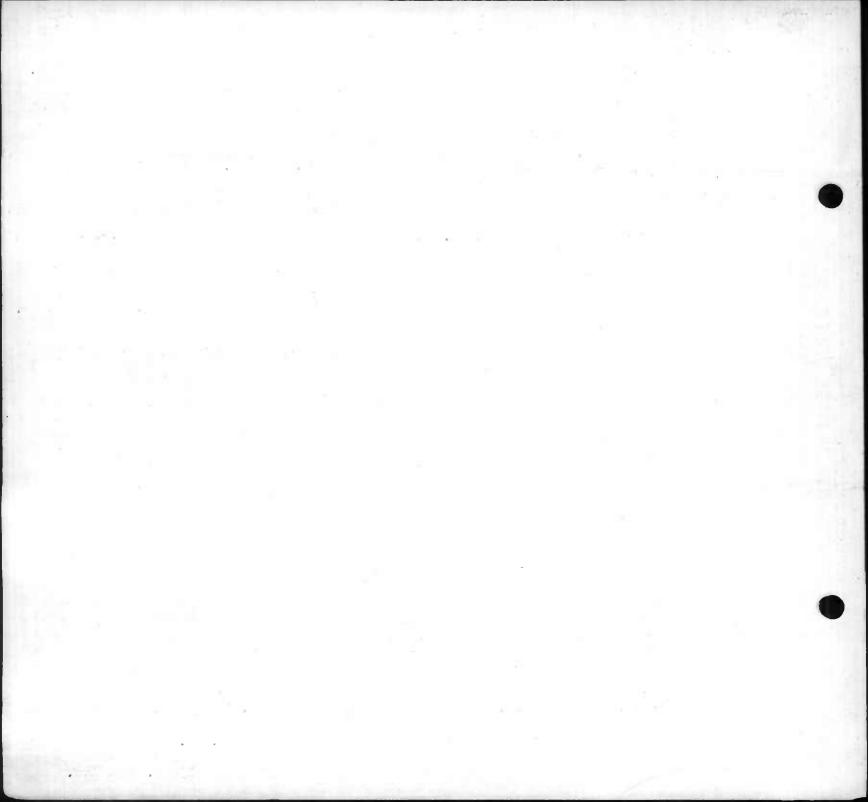
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68- 2523 BALTIMORE CITY HEALTH DEPARTMENT 68- 2523

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(Ту	pe or Print)		ANNIE	E. W	ILS	ON	OF DEATH	Estimote	d 🗆	Febru	ary 2	28, 19	968	10:00	\mathbf{P}_{M}
4.	PLACE IN BALT						3. DATE			Month	Doy		Yeor	Hour	171.
FU	LL NAME OF		T IN HOSPITA		ITUTIO	N, GIVE STREET	PRONC	UNCED DEA	AD	Febru	ary 2	28, 19	968	10:00	\mathbf{P}_{M}
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	PICEAG	S O I	ITION DIDE	CTIV									BETW	EEN ONSET AND	DEATH
		E OR COND LEADING TO		CILY		(A)IMMEDIATE C	Aller Gi	nshot	พดเขา	d of	head				
		ot meon the				DUE TO, OR A									
	injury or com	plication which	ch coused dec	oth.)											
	AN	NTECEDENT	CAUSES			/p)									
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Ö	1-99/	X	II	-	-	(0/									
3	OTHER SIGN	IFICANT CON	IDITIONS CO	ONTRIBUTI	ING										
臣	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A)											
CERTIFICATION	20A. DATE OF	OPERATION	1 20B. COM	NDITION F	FORV	VHICH OPERATION WA	S PERFORI	WED				21	. AUTO	PSY? (Yes or I	No)
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MEDI	UTING CA			1	\ Inn	home		Rt. 2	. Bo	x #10	Crow	vnsvi	lle,	A.A. C	ount
-	OF INJURY	(Month) (D	oy) (Yeor) (Hour	' I	E.INJURY OCCURRED	MARINE .								
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	NAME (T	ype)		s. sp		gate, M.D.					, L	ebrua	iry Z	29, 196	8
RE	A. BURIAL CREA MOVAL (Specif	MATION, 2	4B. DATE		24C	. NAME of CEMETERY	or CREMAT	ORY	24D. L	OCATIO	V (City	y, town, or	county)	(State)	
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VS	151-REV. 1/1/68	11	0.74	11				10 10	June 1	leton					
		14	/ 13 19						-						

MA 3-3	00	2504	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2524
111-27	68-	2524	CERTIFICA	TE OF DEATH	REG. NO	00 6064
BIRTH NO.	D			2. DATE AN	ID HOUR OF DEATH	
(Type or Print)	rank Matkin	e		3,	12/60	0.05P
3. PLACE IN BALTIMO			NCED DEAD		re deceased lived. If in	stitution: residence before admission
3				A. STATE B. COUN	114	01 1 11
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU TION)	TION, GIVE STREET	Maryland	ID INSI	DE CITY LIMITS
NOTTUTION	724 77	-2		Baltin		YES NO
	City Hospit	als		E. STREET AND NUMBER	1101.6	163
4940 Easte:		22.007		1110 S. Paca	S+ # 2	1230 007
S. SEX 6. R	Maryland #	7. MARRIED D	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male	White	WIDOWED		10/19/10	lost birthday)	Months Days Hours Min.
		_		11. BIRTHPLACE (State or fore	W	12. CITIZEN OF WHAT COUNTRY
dane during most of worki	ng life, even if retired)			26 . 2 . 2		
Chauffeur		Stee	l Co.	Maryland	A P	U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	W.E	
Samuel Ma	atkins			Florence Ring	groad	
5. Was Deceased Eve Yes, no or unknown) (If			6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS #27.221
No			3000001111101	BCH: Records AC	040 Eastern	Ave. Baltimore, Md
18. 1 00	08		CAUSE OF DEAT			APPROXIMATE INTERVAL
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	meon the mode of senio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:		· · · · · · · · · · · · · · · · · · ·
	otion which caused		7 5			
ANT	ECEDENT CAUSES	831	B. HE	ADTHE OF		3 DAYS -
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UNDERLYING C	UNDITION Idsi.	517	O(c) 1.21-4.7			
Z OTHER SIGNIFICA	II NT CONDITIONS COI	ITBIDITE IT	ASC	. 110		
TO THE DEATH BI	JT NOT RELATED TO TH	HE TERMINAL	¥ 142	-VI)		ylous
19A. DATE OF QP	ERATION 198 CON	DITION EOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
21A. ACCIDENT	WAS PERF	ORMED	HEMATO MA		IN CERTIFYING CA	USES OF DEATH?
	VAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	n or about 21C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTIN		home etc.)	e, form, factory, street, a	ffice bldg., INJURY OCCUR?	AL THERK	
21D. TIME (M	onth) (Dov) (Year)	(Hour) 21E	D. C. / +	21F. HOW DID IN	URY OCCUR?	, , , , , , , , , , , , , , , , , , , ,
S OF INJURY	2 29 68		e At Not Whil	PA-10 I		
(APPROX.)	2 ~ 7 6 6	Work	At Work		FELL to F.	
22. I certify tho	t (1) (this hospitol) ottended th			1967 to 3	
that (I) (we) las	t sow the decease	d alive on	.3/3/	19 6 5 ond th	nat in (my) (our) opi	nion deoth occurred on the do
and hour and fre	om the couses stat	ed oboye. (I)		view the body ofter deoth.		
23A. SIGN ATURE		111	1			23B, DATE SIGNED
ZNRIQUE	CASTRO /	1/2/20	Dhu	ending Med.	Staff Phys.	3/3/68
	1131100	W	DEGREE	23D. ADDRESS	7 Hy 3.	
23C. PHYSICIAN'S NAME (Type)	m	11 D		Baltimore City	Hospitals	36 3 a Honor
ENRIQU			DEGREE	4940 Eastern Av	re. Baltimor	
24A, BURIAL CREMAT REMOVAL (Spec	ify)		ME of CEMETERY or CR			ty, town, or county) (State)
Burial	3 7 196		Loudon Parl	C	Balto. Md.	
25A. DATE REC'D BY		25B. NAME O		25C. FUNERAL DIRECTOR	R	ADDRESS
MAK	1968 R.C.	ارع دري	Farleyta	Mc Cull	y 130	E. Fort Ave.
VS 150-REV. 1/1/68	N 853 N					



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

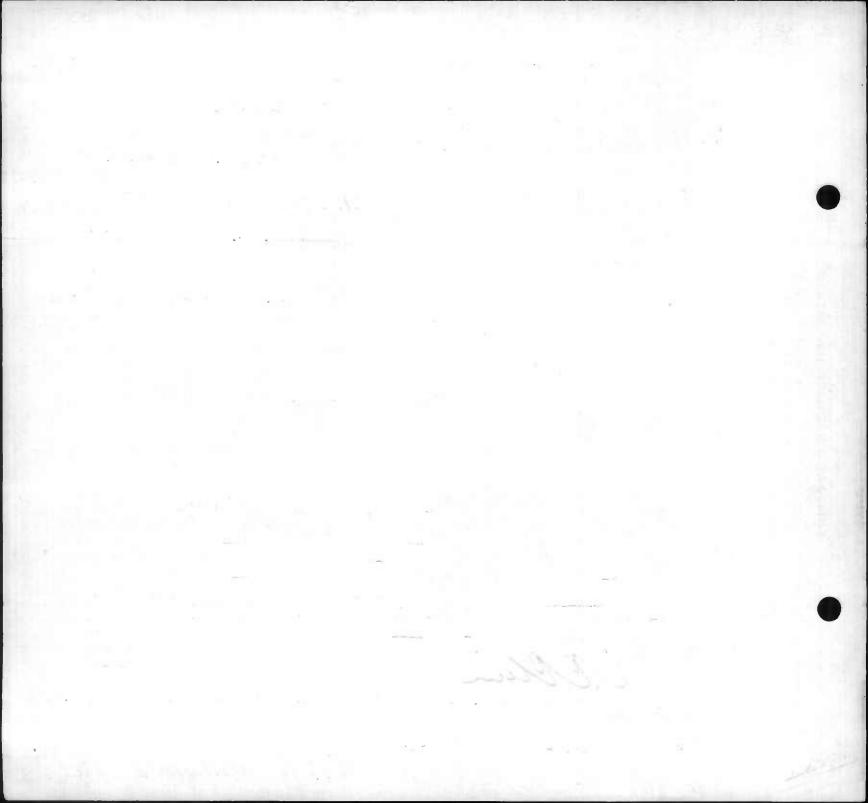
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO. 68- 2525

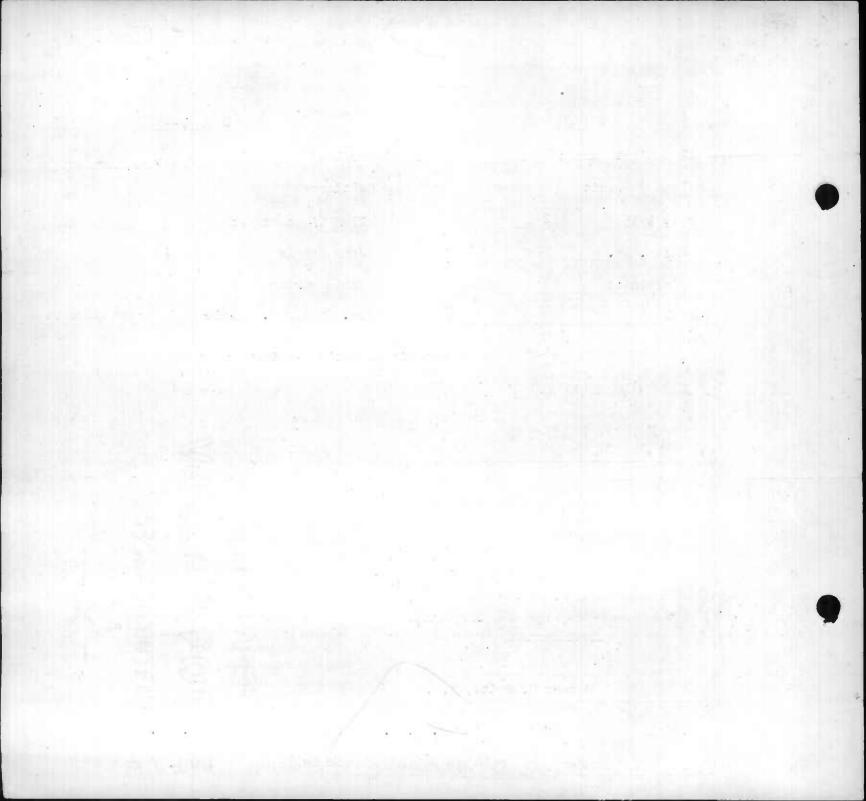
{Тур	AME OF DECEA e or Print)		rie The	eresa M	acken		2. DATE	and hour of de arch 3, 1		8:10 A.M
3. P	LACE IN BALTIM					4. USUA	L RESIDENCE (W	here deceased lived.		residence before admis
						A. STATE	d.			1116
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2	1213 Li	ght Sta	reet, Ba	altimor	e, d. 21230		T AND NUMBER 808 Byrd	Street, Bal	timore	Md. 21.230
5. \$1	EX 6.	RACE	7	· MARRIED [NEVER MARRIED	B. DATE O	OF BIRTH	9. AGE (In years	If Un	der 1 Yr. If Under 24
	F	V	N	WID OWED [DIVORCED [3/3	T/T92T	1,6		
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30110	House					В	ALTIMORE,	MD.		U.S.
13. F	ATHER'S NAME						HER'S MAIDEN N	AME	_	**
		Jerome	Unduto	ch				mary FOL	D	
S. V	Nas Deceased Ev	er in U. S.	Armed Force	of service)	16. SOCIAL	17. INFOR		LC STATE	- 0 0	ADDRESS
,103	, no or unknown) (If	, es, give v	01 00162	OI SCIAICE!	SECURITY NO.	Hu	sband:Mr.	John Macke	n:1808	Byrd Street
	18. ////	4 1			CAUSE OF DEA	TH	-			APPROXIMATE INTERV
			ITION DIRE	CTLY		U	onary occ	Jugge		
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MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH IDISEASE OR CON 19A. DATE OF OR CONTRIBUTION DEATH (notify m 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) loond hour and fire the UNDERLY on the University of the Un	CONDITION abave can CONDITION ANT CONDITION ANT CONDITION WAS UNDER MAS	ONS, if are use (A) s I last. IIONS CON' ATED TO THE EN IN PART 1198. COND WAS PERFO ERLYING ERLYING SE OF iner) WY (Year)	TRIBUTING ETERMINAL I (A). THON FOR VORMED (Hour) 21E, Whi Wor attended the olive on	PLACE OF INJURY (e.g., form, foctory, street, of the least of the leas	in or obout office bldg.,	QUENCE OF: AUTOPSY? (Yes or 10 21C. WHERE DID INJURY OCCUR? 21F. HOW DID !	No) 208. IF YES, WIN CERTIFYING (If In 80) NJURY OCCUR? 19 ta	3-3-68	GS CONSIDERED F DEATH? give exact location) 19 eoth occurred on the
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH IDISEASE OR CON 19A. DATE OF O TO THE DISEASE OR CON 19A. DATE OF O TO THE DISEASE OR CON 19A. DATE OF O TO THE DEATH (notify m 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) lo	CONDITION abave can CONDITION ANT CONDITION ANT CONDITION WAS UNDER MAS	ONS, if are use (A) s I last. IIONS CON' ATED TO THE EN IN PART 1198. COND WAS PERFO ERLYING ERLYING SE OF iner) WY (Year)	TRIBUTING ETERMINAL I (A). THON FOR VORMED (Hour) 21E, Whi Wor attended the olive on	PLACE OF INJURY (e.g., form, foctory, street, le Al Work (e.g., form, foctory), street, le Al Work Al Work Al Work (e.g., form, foctory), street, le Al Work Al Work (e.g., form, foctory), street, le Al Work Al Work (e.g., form, foctory), street, le Al Work (e.g., form, foctor	20 A. A in or obout office bldg., 20–56	QUENCE OF: AUTOPSY? (Yes or TO 21C. WHERE DID INJURY OCCUR? 21F. HOW DID to and body after deat	No) 208, IF YES, WIN CERTIFYING (If In 80) NJURY OCCUR? 19ta that In(my) (sor)	3-3-68) apinion de 238. D	GS CONSIDERED F DEATH? give exact location) 19 eoth occurred on the
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH IDISEASE OR CON 19A. DATE OF OR CONTRIBUTION DEATH (notify m 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) loond hour and fire the UNDERLY on the University of the Un	CONDITION abave can CONDITION ANT CONDITION ANT CONDITION WAS UNDER MAS	ONS, if are use (A) s I last. IIONS CON' ATED TO THE EN IN PART 1198. COND WAS PERFO ERLYING ERLYING SE OF iner) WY (Year)	TRIBUTING ETERMINAL I (A). THON FOR VORMED (Hour) 21E, Whi Wor attended the olive on	PLACE OF INJURY (e.g., e, form, foctory, street, or Mary Occurred At Work At W	20 A. A in or obout office bldg., 20–56	QUENCE OF: AUTOPSY? (Yes or 10 21C. WHERE DID INJURY OCCUR? 21F. HOW DID !	No) 208. IF YES, WIN CERTIFYING (If In 80) NJURY OCCUR? 19 ta	3-3-68) apinion de 238. D	GS CONSIDERED F DEATH? give exact location) 19 eoth occurred on the
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH IDISEASE OR CON 19A. DATE OF OTHER SIGNIFIC TO THE DEATH IN THE OF INJURY (APPROX.) 21. 1 certify the thot (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	CONDITION ANT CONDITION ANT CONDITION PERATION WAS UNDER Month) (Dogo of (I) (this st sow the continuous	ONS, if are use (A) so last. TIONS CON LATED TO THE EN IN PART [198. CON] WAS PERFO ERLYING SE OF [199. CON] Chanital) dedecosed uses state	TRIBUTING E TERMINAL 1 (A). ITION FOR V RMED (Hour) 21E, Whi Wor attended the olive on	PLACE OF INJURY (e.g., e, form, foctory, street, of the law of the deceased from anuary 5,1	20 A. A in or obout office bldg., 20–56	QUENCE OF: AUTOPSY? (Yes or 10 21C. WHERE DID INJURY OCCUR? 21F. HOW DID I	No) 208, IF YES, WIN CERTIFYING (If In 80) NJURY OCCUR? 19 ta that In (my) (orbr) h.	3-3-68) apinion de	give exact location) 19 eoth occurred on the ATE SIGNED 3-3-68
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION THE DEATH ID DISEASE OR CON PARTICLE TO THE CONTRIBUTION TO THE DEATH IN THE CONTRIBUTION TO THE CONTRIBUTION T	CONDITION ANT CONDITION ANT CONDITION PERATION WAS UNDER Month) (Dogo of (I) (this st sow the continuous	ONS, if are use (A) so last. TIONS CON LATED TO THE EN IN PART [198. CON] WAS PERFO ERLYING SE OF [199. CON] Chanital) dedecosed uses state	TRIBUTING ETERMINAL I (A). THON FOR VORMED (Hour) 21E, Whi Wor attended the olive on	PLACE OF INJURY (e.g., form, foctory, street, le Al Not Who ke deceased from anuary 5, 1 (We) (did) (did not) DEGREE A	in or obout office bldg., 20 A. A ite	QUENCE OF: AUTOPSY? (Yes or 10 21C. WHERE DID INJURY OCCUR? 21F. HOW DID I	No) 208, IF YES, WIN CERTIFYING (If In 80) NJURY OCCUR? 19 ta that In (my) (orbr) h.	3-3-68) apinion de	GS CONSIDERED F DEATH? give exact location) 19 eoth occurred on the
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING O OTHER SIGNIFICATION THE DEATH DISEASE OR CON 19A. DATE OF O 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m 21D. TIME (A OF INJURY (APPROX.) 22. 1 certify th thot (I) (we) lo ond hour and fi 23A. SIGNATURE 23C. PHYSICIAN* NAME (Type BURIAL CREMA	CONDITION ANT CONDITION ANT CONDITION PERATION WAS UNDER MONTH (1) (this st sow the ram the condition) Chi. Chi.	DNS, if are use (A) s N last. IONS CON LATED TO THE EN IN PART 198 COND WAS PERFO ERLYING SE OF iner) Chasnital) deceosed uses state	TRIBUTING ETERMINAL 1 (A). TION FOR VORMED THOUSE 21E, Whi Wor attended the olive on	PLACE OF INJURY (e.g., e, form, foctory, street, of the law of the deceased from anuary 5,1	in or obout office bldg., 20 A. A in or obout office bldg., 20 – 56 868 19 view the bending X 23 D. ADDi	QUENCE OF: AUTOPSY? (Yes or NO 21C. WHERE DID INJURY OCCUR? 21F. HOW DID f and body after deaf Med. Director RESS 1 E. Ran	No) 208, IF YES, WIN CERTIFYING (If In 80) NJURY OCCUR? 19 ta that In (my) (orbr) h.	3-3-68) apinion de 238. D	give exact location) 19 eoth occurred on the ATE SIGNED 3-3-68
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH IDISEASE OR CON 19A. DATE OF O 21A. ACCIDENT OR CONTRIBUTION DEATH (notify m 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (not ond hour and find the contribution of the c	CONDITION ANT CONDITION ANT CONDITION PERATION WAS UNDER MONTH (1) (this st sow the ram the condition) Chi. Chi.	DNS, if are use (A) s N last. IONS CON LATED TO THE EN IN PART 198 COND WAS PERFO ERLYING SE OF iner) Chasnital) deceosed uses state	TRIBUTING ETERMINAL 1 (A). TION FOR VORMED THOUSE 21E, Whi Wor attended the olive on	PLACE OF INJURY (e.g., form, foctory, street, or anuary 5,1) (We) (did) (did nor) DEGREE	in or obout office bldg., 20 A. A in or obout office bldg., 20 – 56 868 19 view the bending X 23 D. ADDi	QUENCE OF: AUTOPSY? (Yes or NO 21C. WHERE DID INJURY OCCUR? 21F. HOW DID f and body after deaf Med. Director RESS 1 E. Ran	No) 20B, IF YES, WIN CERTIFYING (If In 80) NJURY OCCUR? 19ta that In(my) (or) h. Staff Phys	3-3-68 apinion de 238. D	give exect location) 19 20 21 21 21 21 22 23 24 25 26 26 26 26 26 26 27 28 28 28 28 28 28 28 28 28



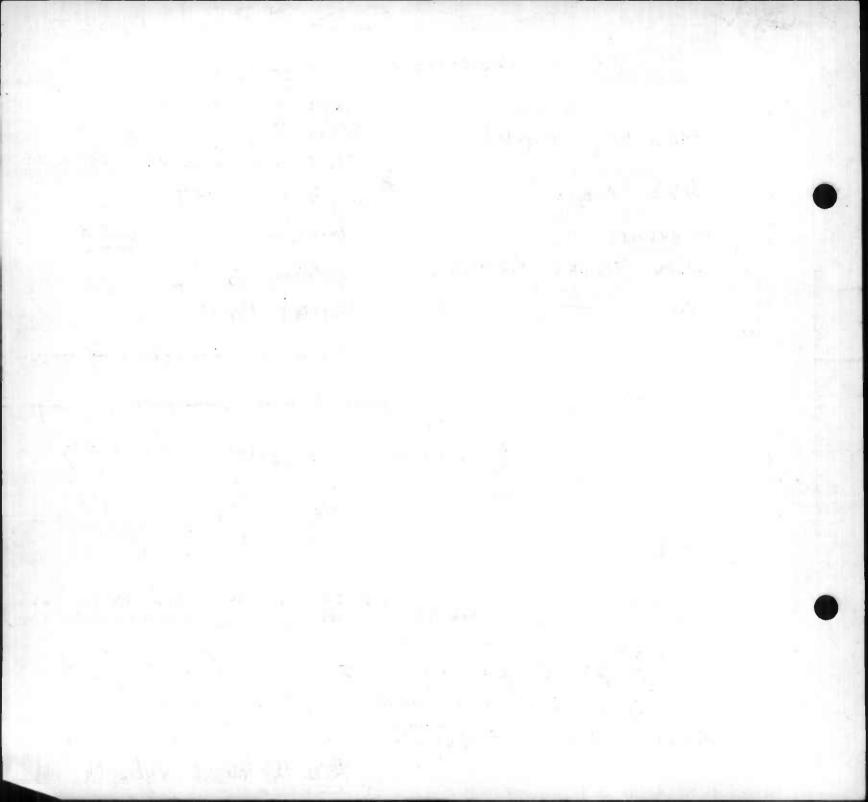
68- 2526 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. _______

BIRTH NO.							KEG. NO			
NAME OF DECE	EASED			2. DATE	Knawn 🗌	Month	Day	Year	Hour	
Type or Print) KENNET	H W.		RENNIE	OF DEATH	Estimated X	March 4	. 1968		9:00	A
	MORE, MARYLAND	WHERE PRO		3. DATE		Month	Doy	Yeor	Hour	22 4 IVI.
ULL NAME OF	(IF NOT IN HOSE	PITAL OR INSTITU	UTION, GIVE STREET	PRONO	UNCED DEAD	March 4,	1968		12:2:	5 Рм.
OR INSTITUTION					ESIDENCE (Whe	re deceased lived		residence l		
1708 T.	ght Street			A. STATE	and	В.	COUNTY		and the same	11 5
	7. RACE	B. MADDIC	D NEVER MARRIED	Maryla C. CITY OR		ID	. INSIDE CIT	Y LIMITS?	1	CJ P
Male	white	WIDOWE		Balti	nore			- Continue	No 🗆	
DATE OF BIRTH			Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER			- 1		
May 1, 19	ons birth	2	onths, Days, Hours, Min.	1708	Ticht Ct	moot				
	ate ar fareign country		CITIZEN OF	13. FATHER	Light St	reet				
			WHAT COUNTRY?							
Balto.		il. (0. 1(1) 10. (1)	U S A		Rennie					
	ATION (Give kind of wo arking life, even if retire		OF BUSINESS OR INDUSTRY	Y 15. MOTHE	R'S MAIDEN N	AME				
Machi			teel	Mami.	e Martin					
6. WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	17. SOCIAL	18. INFORM	AANT		AD	DRESS		
Yes #2	(II yes, give war ar dat	es of service)	SECURITY NO.	Mrs.	Stella M.	Rennie	173	Pata	apsco S	St
19.	0.		CAUSE OF DEA	TH					PROXIMATE IN	
7/0								DEIA	EEN ONSEL A	ND DEATH
	OR CONDITION DI EADING TO DEATH	RECILY			ic Cardio	vascular	Diseas	se		
	t mean the made of	dvina e a	(A) IMMEDIATE		UENIGE OF					
heart failure,	asthenia, etc. It means	the disease,	DUE TO, OK	AS A CONSEC	UENCE OF:					
injury or comp	plication which coused	deoth.)								
AN	TECEDENT CAUSES		(n)							
	R CONDITIONS, IF A	NY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
RISE TO THE	ABOVE CAUSE (A) S	TATING THE								
Z	G CONDITION LAST		(C)							
422	/ 11									
	FICANT CONDITIONS									
	TH BUT NOT RELATED CONDITION GIVEN IN		AL				*****			
20 A. DATE OF	OPERATION 20B. C	ONDITION FO	OR WHICH OPERATION W	AS PERFORM	\ED			21. AUTO	PSY? (Yes o	r No)
5									NT	
✓ 22A. FXTERN	NAL CAUSE WAS	122	DIACE OF INHURY/	:	OC WHERE DIE	Aif a male and	***		No	
1	OR CONTRIB-	ho	B. PLACE OF INJURY(e.g., ime, farm, factory, street, affic	e bldg., etc.)	NJURY OCCUR?	(If in Boltimore	Lity, give exoc	t location)		
	JSE OF DEATH.									
≥ 22D. TIME (A	Manth) (Day) (Y	eor) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID I	NJURY OCCUR				
(APPROX.)				WHILE						
23.		ITI	. WORK AT W	VORK						-
I certif	fy that I held an	Inquiry [Inspection X Au	topsy	and that on	this basis, de	oth in my c	ninlon		
							_	1		
resulte	ed from: Natural c	ouses 🕰	Accident Suicio		omicide 🔲	Undetermine	d monner L			
ACTUAL	1000 .	1	1		CHIEF MEDICAL	EXAMINER L			DATE SIGN	VED
SIGNATU	RE COM	211.5	M.C	ASSI	STANT MEDICA	EXAMINER K	X			120
EXAMINE					CIATE MEDICAL	EXAMINER T		3	14/68	
NAME (Ty	MATTE	r U. Sp	itz, M.D.	7330	CIAIL MEDICA	E E PARTITION E				
24A. BURIAL CREM	ATION, 248. DATE		24C. NAME of CEMETERY	or CREMATO	ORY 241	LOCATION	(City, town,	or county) (Sta	te)
REMOVAL (Specify		0.40								
Burial	471		Balto. U. S.				o. Md.			
25A. DATE REC'D B	m 2"	258. NA	ME OF REGISTRAR	25 C.	FUNERAL DIREC	TOR	AD	DRESS		
MA	R 5 1968	AD. B	E. Fallema	M.	c Cully	12 13	0 E. F	ort. A	-6	
		JA CREAT	C' I TOWNER LAND		J	-)	- 20 0 I'	THE U.	70	

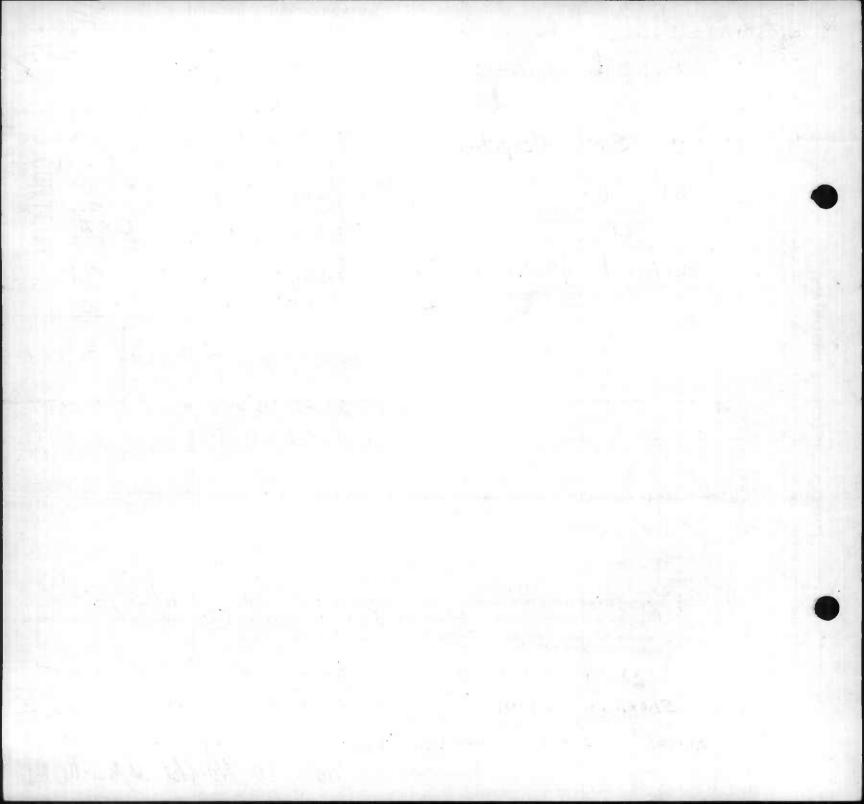


6	CO DECIM BALTIMORE CITY HEALTH DEPARTMENT
3	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 68-2527
. Such	1. NAME OF DECEASED (Type of Print) TOHN PREHYMAN 29 LEG 68 300 M.
=	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before demission) A. STATE B. COUNTY
dea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
Sar to	SYKESVILLE YES NO
is made	207 OLLA NOMOL Rd - Sykewille
E a	5. SEX MALE 6. RACE NEVER MARKED 18. DATE OF BIRTH 9. AGE (In years Months Doys Hours Min. WIDOWED DIVORCED JULY 18, 1933
ion is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MARY/A Nd 12. CITIZEN OF WHAT COUNTRY? MARY/A Nd U. S. A
al dispasition	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Sp	John Thomas PrettyMAN Blanche Gaither
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16 SOCIAL SECURITY NO. 7 NO.
5	18. 4/h 9 1 CAUSE OF DEATH
med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANIMARDIATE CAUSE OF ANDIAC CORRECT TO ANDIAC
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
	injury ar camplication which caused death.)
0	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stoting the
	UNDERLYING CONDITION Iasl. (c)
	o other significant conditions contributing
	TO THE DEATH SUT NOT RELATED TO THE TERMINAL VISEASE OR CONDITION GIVEN IN PART I (A). VISEASE OR CONDITION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED WAS PERFORMED Yes IN CERTIFYING CAUSES OF DEATH? Yes
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	While At Work At Work
nalinen	22. 1 certify that (1) (this hospital) attended the deceased from Feb. 25, 1968 to Feb. 29, 1968,
UST De	that (1) (we) lost sow the deceased alive on 100.29 and that in (my) (our) opinion death occurred on the date
,	ond hour ond from the couses stoted above. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED
	Attending Med Stoff V Supplemental Stoff V
	23C. PHYSICIAM'S NAMETYDE 23D. ADDRESS
	K.P. WENZEL M.D UNIV NESD
3	BUFIA 3-4-68 BUSHEY PARK (City, lown, or county) BUFIA CREMATION, 24B. DATE BUSHEY PARK COOKSUILLE, MS
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTIAR 25C. FUNERAL DIRECTOR . ADDRESS
	MAR 5 1968 P. C. & & Francis Horry W. Haight Syksville, Md.



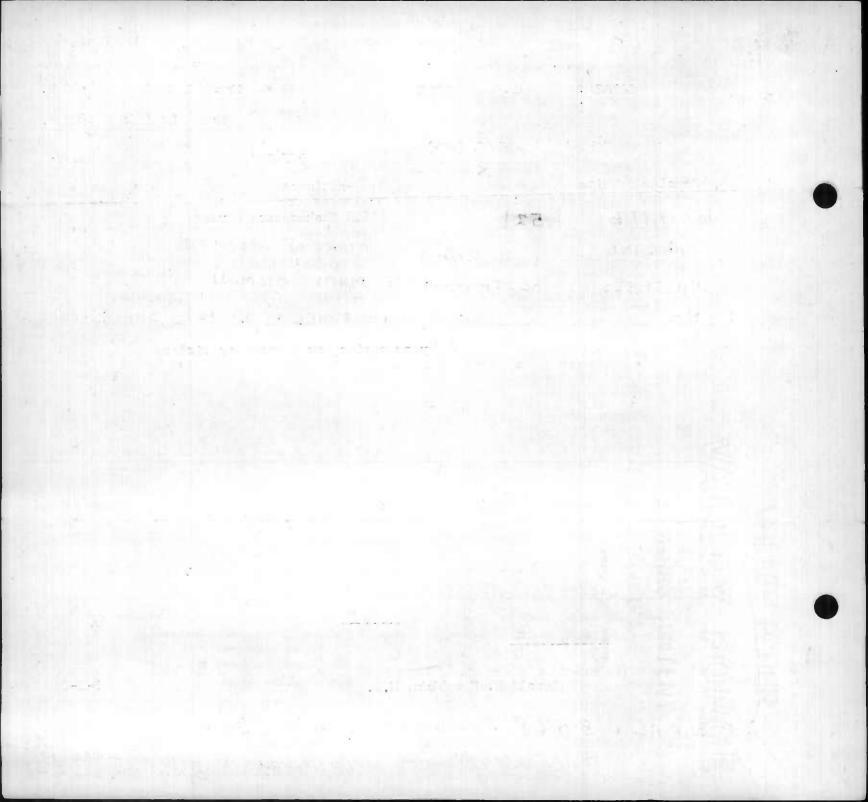
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

-		Y HEALTH DEPARTMENT	
4	BIRTH NO Moutromery Co. 68- 2528 CERTIFICA	ATE OF DEATH REG. NO. 68	3-2528
	BIRTH NO. Moulyomery Co. md	2, DATE AND HOUR OF DEATH	412
	(Type or Pant)	7/20/68	151-P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution:	residence befare odmissian)
		A. STATE B. COUNTY	001.81
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	G-GIZY OR TOWN D. INSIDE CITY	50 CC 96.00
	INSTITUTION		No 🔀
	42 SINI HOSPITAL	E. STREET AND NUMBER	I NOTA
	40	IRT 3 BOX 1	72 A
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Uni	der 1 Yr. 1f Under 24 Hrs. si Days Haurs Min.
	WIDOWED DIVORCED	12/30/66 tast birthdoy) Manth	s Days Haurs Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign country) 12. CI	TIZEN OF WHAT COUNTRY?
	done during most of warking life, even if retired)	100 h 11/1 11 0 12 1	J.SA.
		CHUTTY CHOD,	01011
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	HLVIN L. VANCOLLA STR	SURRESTT. ELIZA	DISIT
	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL (Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMAN	ADDRESS
	NA -	TARISNTS.	
	18. 4.2 S Y CAUSE OF DEA	TH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	LUSE KREDINATORI + ARDIAC	2 B DAYS
		SACONSEQUENCE OF AILLIPLIS	
	injury ar complication which caused death.)	0	1.000
١	ANTECEDENT CAUSES	HTRUSCTASIS -	6 WKS
Į	Districts on Control of the day, giving	S A CONSEQUENCE OF:	
	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	UYOCARDITIS	6 WS
	/233		
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	<u> </u>	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
	W S	YC	
	OP CONTRIBITING CALLSE OF home form factory street	in ar about 21 C. WHERE DID (If in Baltimare City, gooffice bldg., INJURY OCCUR?	give exact location)
	V DEATH (natify medical examiner) etc.)		
	OF INJURY (Manth) (Doy) (Yeor) (Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX.) While At Not Wh		1
	22. I certify that (1) () his haspital) attended the deceased from 12	10/67 19 to 7/28	10
	that (1) (we) last saw the deceased alive an 2-128/6	19 and that in(my) (aur) apinian de	ath accurred on the date
1			som accorred an fine date
	and hour and from the causes stated above. (I) (We) (did) (did not)		ATE SIGNED
		tending Med. Staff	1-0/1/ 0-
l	Melulan Maria Degree Ph	ys. Director Phys. L	128/68
	23 CL PHYSICIAN'S NAME (Type)	23D. ADDRESS	JESTIVINSTER?
	Sherman Chang DEGRE		Md -
I	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of COMETERY OF C		, ar county) (State)
I	Burial 3-2-68 LARE YELL	emetery Sykesville	1018.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	MAR D 1968 Of Creb & tarbuna	HADRY (1). KAIRAT M	Masville. Wa.
1	VS 150-REV. 1/1/68	Thurst or the state of the	January 119



68- 2529 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68- 2529

BIRTH NO.	REG. NO	
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour	
(Type or Print) LILLIAN C. PIZLO	OF DEATH Estimoted March 2, 1968 4:00	P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD March 2, 1968 4:00	P. M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before adm	
CHURCH HOME AND HOSPITAL (DOA)	A. STATE B. COUNTY	The state of the s
6. SEX 7. RACE B. MADDIED NEVER MADDIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Fomo 1 o Libita		
Female White WIDOWED ☐ DIVORCED ☐	Baltimore YES NO	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER	
JAN. 14, 1916 52	1625 Shakespeare Street	
11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF	13. FATHER'S NAME	
MARYLAND WHAT COUNTRY?	MARTIN HOLMSTED	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR'	115. MOTHER'S MAIDEN NAME	
dane during most of warking life, even if retired)	MARY OILMAN	
WAITRESS RESTAURANT.		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give war ar dates af service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
No 218-05-389	MICHAEL PIZLO-1625 SHAKESPEI	
19. CAUSE OF DEA	TH APPROXIMATE BETWEEN ONSET	
DISEASE OR CONDITION DIRECTLY Hypert	ensive Cardiovascular Disease	
LEADING TO DEATH		
(This does not mean the mode of dying, e.g., (A)IMMEDIATE (DUE TO, OR	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
ANTECEDENT CAUSES (B)	\$444554655 44444454 0 000 000 000 000 000 000 00	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes	or No)
	Yes	5
O LINDERLYING TOP CONTRIB. home, farm, factory, street, offic	in or obaut 22C. WHERE DID (If in Baltimore City, give exoct location) se bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Hour) 22E INJURY OCCURRED		
OF INJURY (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
WHILE AI NOT	WHILE O	
23.		
I certify that I held an Inquiry Inspection Au	and that an this basis, death in my apinion	
resulted fram: Natural causes 🔀 Accident 🗌 Suicid		
Accident Solicity	CHIEF MEDICAL EXAMINER	
ACTUAL (1) 1 20/2 1/2	DATE SIG	SNED
SIGNATURE / hv Col // Knu M.D.	ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Ronald N. Kornblum, M	D. ASSOCIATE MEDICAL EXAMINER	58
NAME (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		tate)
BURIAL 3-5-68 SACRED HEAR	TOF LESUS CEM. BALTO. CO. MD.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS	1
MAR 5 1968 P. D. B & Fallyna	WM FIALKOWSKI 2007 EASTERN	MAG

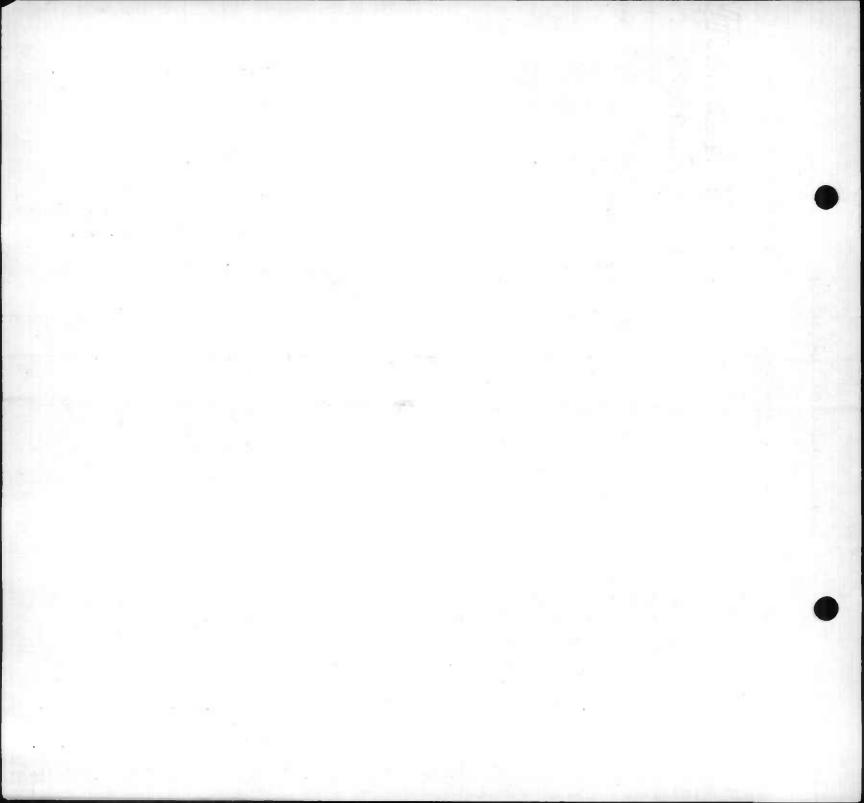


	ME	253U DICAL	EXAMINER'S			DEATH	13/	68	- 253	30
BIRTH NO.							REG. NO			
1. NAME OF DEC		D	DECKT EX	2. DATE OF	Knawn 🗌	Month	Doy	Yeor	Hour	
	CRAIG TIMORE, MARYLAND,	Be	RECKLEY	DEATH 3. DATE	Estimoted L	March	2, 1968	Yeor	12:14	A _M .
FULL NAME OF		ITAL OR INSTIT	UTION, GIVE STREET		UNCED DEAD		2, 1968		12:14	4 A.
OR INSTITUTION			2017		ESIDENCE (Where	dece osed liv	ed. If institution:		before odmissi	on)
9.1	r. AGNES HOS	PITAL (DOA)	A. STATE	Maryland	1	B. COUNTY	Balt	imore	
6. SEX	7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OF			D. INSIDE CIT			
Male	White	WIDOWE		Hal	ethrope		YES	Ø	NO 🗆	
9. DATE OF BIRT	H 10.AGE	(In years 1	f Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER				3-0	
Oct.	28,52 lost birth	(In years doy)	i l l	5828	Heron Ave	nue		0	3-0	12
	State or foreign country) 12	. CITIZEN OF	13. FATHER						
Maryl			WHAT COUNTRY?		tley M. 1		у			
14A.USUAL OCCU	JPATION (Give kind of wo	4)1	OF BUSINESS OR INDUSTRY							
stude	working life, even if retire	sch	DOT	Sh:	irley S.	Reckl				
16. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL SECURITY NO.	1B. INFOR				DRESS		
110	() (ii yes, give wor or day			Har	tley M.	Reckle	y 582d			
19. E 9	65 X		CAUSE OF DEA	TH					PPROXIMATE INT	
(This does no heart failure	SE OR CONDITION DI LEADING TO DEATH not meon the mode of p, osthenio, etc. It meons mplicotion which coused	dying, e.g., the diseose,	(A)IMMEDIATE C DUE TO, OR A	AUSE	of chest a	nd abdo	omen			**********
DISEASES RISE TO TH UNDERLY!!	NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST	TATING THE	(B)	AS A CONSI	QUENCE OF:					
DISE ASE OF	NIFICANT CONDITIONS ATH BUT NOT RELATED R CONDITION GIVEN IN	TO THE TERMIN	IAL				**********			
20A. DATE O	F OPERATION 208. C		OR WHICH OPERATION W						Yes Yes	No)
UNDERLYING UTING CA	RNAL CAUSE WAS GENOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Y	eor) (Hour)	2B.PLACE OF INJURY (e.g., ome, form, foctory, street, offic Street 22E.INJURY OCCURRED		22C. WHERE DID INJURY OCCUR? 1200 BLO 22F. HOW DID IN			e e	3.00	2
OF INJURY (APPROX.)	, , , ,	8 12:05	WHILE AT NOT WORK AT W	WHILE X	Shot duri					U
	TURE U MON	duses [Accident Suicide Kornblum, M.D.	ASS	and that an to amire the XI CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL	Undetermin EXAMINER EXAMINER	death in my coned manner	j	date sign	ED
24A. BURIAL CRE REMOVAL (Spec	MATION, 24B. DATE	h 5,68	24C. NAME of CEMETERY			LOCATION	(City, town,) (Stote	9)
	BY HEALTH DEPT.		ME OF REGISTRAR	250	FUNERAL DIRECT	Dorse		DRESS		
MA	AR 5 1968	Real	2. Farbuna		mbrose :	,			r Sp.	nd.

VS 151-REV. 1/1/68

0.1.	BALTIMORE CITY	Y HEALTH DEPARTMENT	0 0504
A 28 6 2 0	BIRTH NO. 68- 2531 CERTIFICA	TE OF DEATH REG. NO. 1	8-2531
of death of death Deceased e on the	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
- o e e e	Emma Mitchell	February 29,1968	6 A. M.
hospitol ise of d (5) Dece once on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: re A. STATE B. COUNTY	sidence before admission)
hospi use o ; (5) D donce deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland	12.0
se;	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LII Paltimore YES	
c 3 = 1		Baltimore YES	NOL
buting buting ned ca lar at d prior	127 Burnett St.	127 Burnett St.	
occurred ontributir regular ased pri	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under fost birthday) Months:	1 Yr. If Under 24 Hrs. Doys Hours Min.
occurrontribu ermine regula sased is mad	female white widowed Divorced	April 13/01 66vrs	Doy's Hoors; With
0 0 - 0	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		EN OF WHAT COUNTRY?
to a principle	Housewife	Maryland U	.S.A.
7 7 7 8 8	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
· · · · · · · · · · · · · · · · · · ·	John Luedtke	Kathaleen Matzal	
ant di di on on di	15. Wos Deceosed Eyer in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
ist ist in de	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Lena Smith 127 Burnett St.	
f t t d d d d d d d d	18. CAUSE OF DEAT		APPROXIMATE INTERVAL
S	DISEASE OR CONDITION DIRECTLY		SETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE Bronchopneumonia	2 days
ono ono alm	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	USE Bronchopneumonia A CONSEQUENCE OF:	
iner. ractur pror	injury or complication which coused death.)		
fr. fr. fr. fr. fr. fr. fr. fr. fr. fr.	ANTECEDENT CAUSES (B) Virus	infection s A CONSEQUENCE OF:	5 days
2043-5	DISEASES OR CONDITIONS, if only, giving DUE TO, OR AS	A CONSEQUENCE OF:	
	UNDERLYING CONDITION Iosi, (C)		
medical berns; (shysician in was i	z 492/ II		
hys hys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
dy dy icia	SINGLE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS	CONSIDERED
chief y a n the p ysicie	WAS PERFORMED	No IN CERTIFYING CAUSES OF E	DEATH?
် မှ ေ နှင့်	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (It in Boltimore City, give	exact location)
	DEATH (notity medicol examiner)	mee stag, mask accor.	
	OF INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
8 2 5 6 5 6	(APPROX.) While At Not White At Work	te 🔲	
S = > × E t	22. I certify that (I) (this hospital) attended the deceased from	/22/68 19 to 2/29/68	19
app to the fan (e) (a); a	that (1) (we) lost sow the deceased alive on 2/28/68		
00-	ond hour and from the causes stated above. (1) (We) (did) (did not)		
dent dent ospit deat	23A. SIGNATURE		E SIGNED
3 6 7 6	In Harry Deilel Att	ending Med. Staff Phys. 3	/1/68
releacci	23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
rtificate dy was re (1) An ac O.A. at a ed prior n approve	Dr. Harry Deihel	1226 Hanover St.	
Y W X	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CR		r county) (State)
ood)	Burial 3/2/68 Cedar Hill Ce	metery Ritchie Highway	Balto.Md.
- A S W +	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
This the show was deco	MAR 5 1968 Report & Farleyna	KRAUSE FUNERAL HOLE 1216	S.CharlesSt

Burial 3/2, 25A. DATE REC'D BY HEALTH DEPT. 1968 KRAUSE FUNERAL HOLE 1216 S.CharlesSt VS 150-REV. 1/1/68

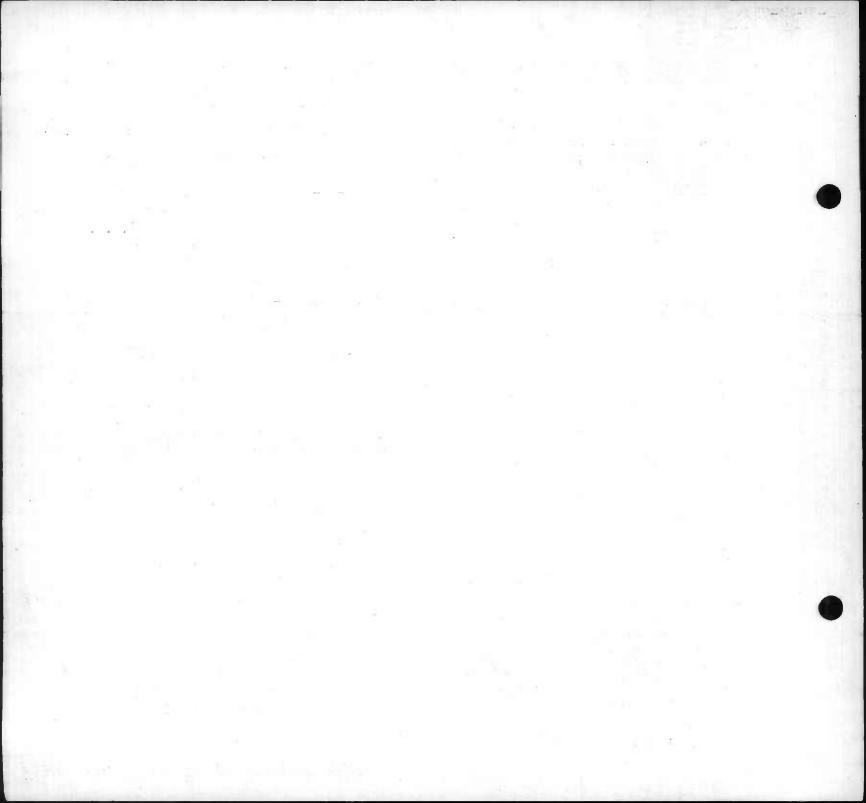


a hospital and

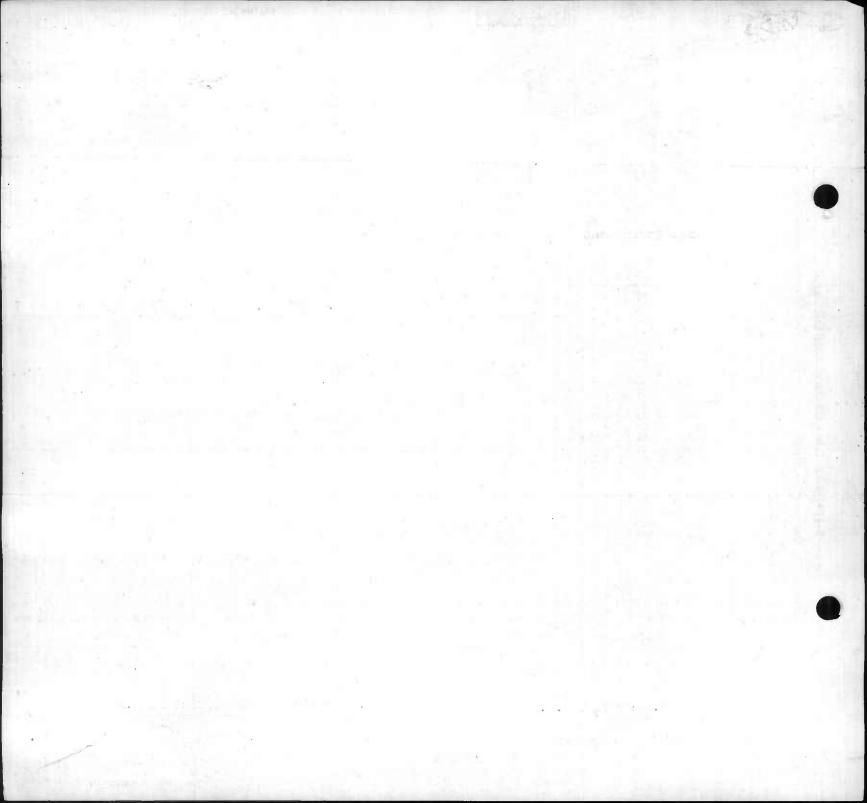
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in

In	10 10		BALTIMORE CITY	HEALTH DEPARTM	ENT	66 0500
	n-620 6	8- 2532	CERTIFICA	TE OF DEA	TH REG NO	68- 2532
BIRTH I. N.A	H NO.			2. D	ATE AND HOUR OF DEATH	
	or Print) Arthuu	Bevins	March	< R	3-2-68	6 7
B. PL	ACE IN BALTIMORE, MARYLANI			4. USUAL RESIDENCE		institution: residence before admission
F1114	NAME OF THE NOT IN HE	SPITAL OR INSTITUTIO	AL CIVE CAREEA	Maryland		more/x 53.00
105	PITAL OR ADDRESS OR I	OCATION)		C. CITY OR TOWN		SIDE CITY LIMITS?
, ,	partimore or		8	ESS.	EX	YES NO
3	4940 Eastern		1	E. STREET AND NUM		07007
	Baltimore, Ma	rytano ziza	c4	350 Magno		21221
	Male White	WIDOWED	DIVORCED	8. DATE OF BIRTH 4-24-191		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of during most of working life, even if reli		SINESS OR INDUSTRY	2001	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	TOOL		FEL	Maryland		U.S.A.
. F	ATHER'S NAME	7		14. MOTHER'S MAID	_	
	Wake	Land			Rena	
5. W	os Deceased Ever in U. S. Arme no or unknown) (If yes, give wor or	Forces? 16.	SOCIAL	17. INFORMANT	3 +BE(3E	ADDRESS
	INK	2	SECURITY NO. 8/8/	Records:BC	H-4940 Eastern	Avenue 21224
-	B. ///) /)	1	CAUSE OF DEAT	н		APPROXIMATE INTERVAL
	DISEASE OR CONDITION	DIRECTLY		100		BETWEEN ONSET AND DEATH
	LEADING TO DEA		(A) IMMEDIATE CAL	ISE Cardio,	esperatory a	rest
1	(This daes nat mean the made heart failure, asthenia, etc. It m	eons the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	(
i	injury or camplication which co		~			
	ANTECEDENT CAL		(B) there	ased entr	cramal p	ressers
	DISEASES OR CONDITIONS,		DUE TO, OR AS	- A CONSEQUENCE OF	. 0 /	
ı	UNDERLYING CONDITION last		(c) 3, nl	a Carelia	I hemorrhu	1-
2	443 X II		~	7 1 3 2 0 13		
E I	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	TO THE TERMINAL				
4 0	9A. DATE OF OPERATION 198.	CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Ye	s or No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
RTIF	WAS	PERFORMED		YES	IN CERTIFYING C	AUSES OF DEATH?
2	A ACCIDENT WAS UNDERLYING CAUSE OF	16 21B. PLA	CE OF INJURY (e.g.,	n or obout 21 C. WHERE	DID (If In Boltim	ore City, give exoct location)
	DEATH (notify medical examiner)	etc.)	urin, lociory, sinces, o	mee orage, my okt oc	CO N.	
0 2	PID. TIME (Month) (Day) (1	(ear) (Hour) 21 E. IN	JURY OCCURRED	21 F. HOW [DID INJURY OCCUR?	
>	APPROX.)	While /	Not Whi			
2	2. I certify that (I) (this has			3-1	19 68 ta	3 - 2 19 68
	hat (I) (we) lost saw the dec		~? -	2- 10 68		pinian deoth accurred on the da
	and hour and fram the causes					or a contract of the de
	3A. SIGNATURE	3 4	TO (digitalian)	Tew file body differ		23B. DATE SIGNED
	Mach	7211110		ending Med.	Stoff X	3-2-68
2	C. PHYSICIAN'S	in Diffue	DEGREE Phy	22D ADDRESS		
	NAME (Type) Mark L	owmiller		Bal	timore City Hos	spitals
4A.	BURIAL CREMATION, 248, DAT	E 24C. NAMI	DEGREE of CEMETERY of CR	4940 Easter	Avenue 2122	City, town, or county) (State)
	REMOVAL (Specify) 3/5	1	DON PAR			. 0
25.▲	DATE REC'D BY HEALTH DEPT	25B. NAME OF F		25C. FUNERAL DI	BALTO, A	ADDRESS
		0 0 0 0	7.0			INS 300 MAC
	4ERD 5 40CO		9-2 1634 FL	10,00	1-1 30	, -) 00 / 1/1



_	127		68- 2533	BALTIMORE CITY H	HEALTH DEPARTMEN	NT /	68- 2533
0.	-027.			CERTIFICAT	E OF DEAT	H REG NO	00- 2000
	and eath ased the Such		TH NO.			TE AND HOUR OF DEAT	H
	S		be at Print Gardner Chester	A.		3 March 6 8	1 730 M
	De De H	3. [PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE		institution: residence before admission)
	hosp use (5) and dec	н но	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ISPITAL OR ADDRESS OR LOCATION)	I, GIVE STREET	C. CITY OR TOWN,	1201100	ISIDE CITY LIMITS?
	l in a cause; cause; attend		SPHS Hospital			more	YES NO X
	ep d + e	1	Baltimore, Md.		3 SO 7	Langrehr	RA
	contribution tetermined in regular pressed provided in made.	5. S	6. RACE 7. MARRIED N WIDOWED	DIVORCED 8	1 Dec 189	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI	NESS OR INDUSTRY 1	1. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	or c ndet in dec		Cost Accountant Calvert I	Rug Co	(Ng.		USA
	de ct o	13.	FATHER'S NAME	3 1.	4. MOTHER'S MAIDE	NAME	
=	nt if deat direct or j; (4) Unde th was in n the de dispositio	1	westley Gardner		Lella	Kielly	
AN	stant ind; eath e on	15. Yes		SOCIAL SECURITY NO.	7. INFORMANT	_ 1	ADDRESS
R	SS:		Yes www 1 /2	18-01-3138	Mrs. Marie	F. Gardner 3	507 Langrehr Rd #7
IMPORT	s as if any ced nda		184 / 6 2 . / I	CAUSE OF DEATH			BETWEEN ONSET AND DEATH
E	Also, e of noun attended		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAUS	F		
-			(This daes nat mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAUSE	CONSEQUENCE OF	(
O.S.	ner act pr		injury ar camplication which caused death.)	Metast		randregenic	6 mo
272	d fr		ANTECEDENT CAUSES	(B)	CONSEQUENCE OF:	9	
REC			DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the	20110, 01123	CONSEQUENCE OF		
100	n_		UNDERLYING CONDITION last,	(c)			
_	DE LIS & E	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ERA	med bu phy phy	ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
Z	a a bie	ERTIFIC	194. DATE OF OPERATION 198. CONDITION FOR WHICE		20A. AUTOPSY? (Yes	or No. 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
5	he c 1 by (2) B pre t phy	CER	21 A. ACCIDENT WAS UNDERLYING 121 B. PLAC	CE OF INJURY (e.g., in	ar about 21 C. WHERE	DID (If In Battim	nare City, give exact location)
	- = U O U	CAL	OR CONTRIBUTING CAUSE OF home, for etc.)	rm, foctory, street, affic	ce brag., INJURY OCC	O K?	
	Q.9 = 3 = B	03	21D.TIME (Manth) (Doy) (Year) (Haur) 21E, INJU	URY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
	hosi natu cept id (6)	2	(APPROX.) White At	Not While At Work			
	pro the ex an		22. I certify that (I) (this haspital) attended the de	eceased fram3	Man	19 . <u>G</u> _ta3	Na 1969
	0 0 0 0		that (I) (we) last saw the deceased alive an			and that in(my) (aur) a	pinian death accurred an the date
			and haur and from the causes stated above. (1) (We	did) (did not) vie	ew the bady after d	eath.	
	de de de		23A. SIGNATURE	Attend	ding Med.	Shaff 🖂	23B. DATE SIGNED
	E o U n + D		23C. PHYSICIAN'S	OW GEGREE Phys.	ding Med. Director D. ADDRESS	Shaff Phys.	31 an 108
	y was r y was r 1) An a).A. at d prior		W. Prescott M.D.			lealth Service	Hosp.
	A. A.	244		of CEMETERY OF CREM			(City, tawn, or county) (State)
	E 7 0 0 -			lawn Cemeter		Woodlawn	Balto Co Md.
	This cer the bod shows: was D.C decease	25 A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF RE	GISTRAR	25C FUNERAL DIR	ECTOR ST	18 6 LADDRESS PO
	This the show was deco		MAR 5 1968 (D. & E.	Farlier	Louing L	Tyers Pr	retallatoring
		VS	150-REV. 1/1/68			O PERT	



a hospital and

attendance on th

was in regular

death

was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on

VS 150-REV. 1/1/6B

	CO. 2524	ORE CITY HEALTH DEP		REG. NO.	68- 2534
BIRTH NO.	CERTI	IFICATE OF D	PEATH		
T.NAME OF DECEASED	ina F.C.	bert	2. DATE AND HOUR	OF DEATH	2050
3. PLACE IN BALTIMORE, MARYLA		4. USUAL RE	SIDENCE (Where deceos	ed lived. If institution:	residence before admission)
FULL NAME OF (IF NOT IN	HOSPITAL OR INSTITUTION, GIVE STE	REET A. STATE	B. COUNTY		07-40
	R LOCATION)	C. CITY OR TO	WN	D. INSIDE CITY	LIMITE
4411	Memorial H	E STREET AN	ID NUMBER .	YES T	NO .
The min	memorias a	330		ton our	
S. SEX 6. RACE	7. MARRIED NEVER MARI	RIED B. DATE OF BI		In years If Und	ler 1 Yr. If Under 24 Hrs. Doys Hours Min.
tenele Ceve.	WIDOWED DIVOR		-80 8		
IOA, USUAL OCCUPATION (Give kind forms during most of working life, even if	of work 10B, KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLAC	CE (State or foreign countr		TIZEN OF WHAT COUNTRY
Housewife 3. FATHER'S NAME	Home	Maryl			U.S.A.
S. PATHER'S NAME		14. MOTHER'S	MAIDEN NAME		
S. Wos Deceosed Ever in U. S. Am	ned Forces? 16. SOCIAL	17. INFORMAN	e veue	<i>e</i>	ADDRESS
(Yes, no or unknown) (If yes, give wor		5374 Grace	e Strickle	r-3304 Ha	milton Ave.
18. / / / O Ot 1		OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION				/	BETWEEN ONSET AND DEATH
(This does not mean the mo	(A) IMMEI	DIATE CAUSE Orles	selecation h	east desco	oceo, 6 mo
hearl failure, aslhenia, etc. It	means the disease,	O, OR AS A CONSEQUEN	CE OF:		
ANTECEDENT C		0-10-0	a heart for	luce	
DISEASES OR CONDITIONS	, ii -ii/, giriiig	O, OR ASSA CONSEQUEN	ICE OF:	~~~	
rise to the above cause UNDERLYING CONDITION to					
- 420.0 II					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	D TO THE TERMINAL				100
19A. DATE OF OPERATION 19	B. CONDITION FOR WHICH OPERATION	ON 20A. AUTO	PSY? (Yes or No) 20B, IF	YES, WERE FINDING	S CONSIDERED
	AS PERFORMED		0	RTIFYING CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE C	home, form, foctory,	JRY (e.g., in or obout 21C. 'street, office bldg., INJU	WHERE DID RY OCCUR?	(If in Baltimore City, g	ive exoct location)
DEATH (notify medical examined) 21D. TIME (Month) (Day)		BBCD 215	HOW DID INJURY OC	CII B2	
OF INJURY (APPROX.)	While At	Not While	TOW DID INJOKT OC	COR:	
	work Laspital) ottended the deceased fr	At Work	1967	(forting	(h) 1068
that (I) (we) last saw the de		1966		() (our) oninian de	ath occurred on the dot
and hour and from the couse		31		(-1	
23A SIGNATURE	es stoted obove. (I) (me) (did) (d	lajnot) view the body	dilei dedillo		
	es stored obove. (1) (we) (did) (d		dilei dedin,		ATE SIGNED
Be V. CA	6.00 mg	Attending	Med. Staff Phys.		
23 CPHYSICIAN'S NAME (Type)	6.00 mg	Attending Physics	Med. Staff		L 28, 1968
230 PHYSICIAN'S NAME (Type)	londler MD OF	Attending Phys. 23 D. ADDRESS DEGREE	Med. Shaff Phys. 2	Fer emous	28, 1968 Hospital
230 PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)	are 24C. NAME OF CEMETE	Attending Phys. 23 D. ADDRESS DEGREE RY of CREMATORY	Med. Director Shaff Phys. 2 Vium Me 24D. LOCATION	Fee mous (City, town,	L 28, 1968 Acepital or county) (Stote)
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 3/2	on Den Mi) of ATE 24C. NAME of CEMETE Baltimore	Attending Phys. 23D. ADDRESS RY of CREMATORY Cemetery	Med. Director D Shaff Phys. D 24D. LOCATION Baltim	Femous (City, town, tore M	L 28, 1968 Hospital or county) (Stote) Haryland
230 PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)	on Der Mi) of ATE 24C. NAME of CEMETE Baltimore	Attending Phys. 23D. ADDRESS 23D. ADDRESS 23 D. ADDRESS 25 C. FUNE	Med. Shoff Phys. 2 Vium Med. Phys. 2 Vium Med. Phys. 2 24D. LOCATION Baltim	City, town, tore Manager Fune	L 28, 1968 Hospital

the Light of Williams Late 1 to 1 Last Com fred I will Olla Sense Comprised last garlens 13 PM 19 De l'Obertific de The view manner de part

		68- 2535 BALTIMORE CITY	HEALTH DEPARTMENT 68- 2535					
Q	DIDT	CERTIFICA	TE OF DEATH REG. NO.					
	1. N.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	(Тур	pe or Print) MARY Keller	MArch 2, 1968 115 PM.					
	3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY					
	FUL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DSPITAL OR ADDRESS OR LOCATION)	MARYLAND					
	IN S.	STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS					
		Bolton Will NUTSING AND	BALTIMICKE YES YES NO					
	4	CONVALESCENT CENTER, INC.	2840 LUNTINGTON AVE.					
3	5. SI	SEX 6. RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In Yours If Under 1 Yr. If Under 24 Hrs.					
		F White WIDOWED DIVORCED	1 Under 1 1. If Under 24 Hrs. Wonths Doys Hours Min.					
2		LUSUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?					
5		ne during mast of working life, even if retired)	Pomenselvania U.S.A.					
2			14. MOTHER'S MAIDEN NAME					
200		JACOB Butcher	MARGATET NACE					
3	15. V		17. INFORMANT ADDRESS					
3	1165	ss, na ar unknown) (If yes, give wor or doles of service) SECURITY NO.	Bolton Hill Nurs. & conv. Center 1400 John ST					
		18. / / A CAUSE OF DEATH	APPROXIMATE INTERVAL					
3		DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
		LEADING TO DEATH						
5		heart loilure, asthenia, etc. It means the disease,	CONSEQUENCE OF:					
injury or complication which caused death.) ANTECEDENT CAUSES								
0			A CONSEQUENCE OF:					
5		rise to the obave cause (A) stating the	Hersten CUDing. Com					
SL		UNDERLYING CONDITION last. (C)	70000					
5	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
0	ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
L	CERTIFICATION	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
9	CERI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If In Baltimore City, give exact location)					
erc		OR CONTRIBUTING CALISE OF home form factory street off	ice bldg., INJURY OCCUR?					
0	0		21F. HOW DIO INJURY OCCUR?					
6	ME	While At Not While						
D		Wdrk At Wdrk	1968,					
0		22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an 10 1/2 3/2	19 CO to S 19 CO S 19 CO S 19 CO S 19 CO S and that in(my) (our) apinian death accurred an the date					
De								
T UST		and hour and from the causes stated above. (1) (We) (did) (did not) vi	23B, DAJE SIGNED					
		36 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ading Med. Staff Phys. Staff Staff					
D /		23C.PHYSICIAN'S	3D. ADDRESS					
2		NAME NYPE MA	714 york Road Bolto and					
ddb	24A	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREATERY OF	MATORY 24D. LOCATION (City, tawn, or caunty) (Stote)					
0			Woodlaw Ma					
	2SA	Burial 3/6/68 Woodlawn Com A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR	etery Woodlawn, Md					
3		MAR 5 1968 A O. R. E. Fallens	austin E. Donovan 3818 Roland ave					
	VS	150-REV. 1/1/68						

NATORATE DIE JACOB BUTCHER and the same of the same of the same of

THE STATE WAS

	C-6	00	CS	9s		HEALTH DEPARTMENT	Registered No.	68- 2536		
	E CASE NO.	CEASED	-00	7 60	CERTIFICA	TE OF DEATH	ND HOUR OF DEATH			
	pe or Print)	CEASED	ALICE	F.	CARR		rch 3, 1968	3 P M		
3.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location)					A. STATE B. COU	NTY	nstitution; residence before admission)		
						Maryland		BURAL		
	NSTITUTION					C. CITY OR TOWN (IF o		KUKAL and give lawnship)		
1	1	1761 Cli	ftvie	w Aven	ue	D. STREET ADDRESS (If rural, give location)				
5.	SEX	6. RACE		7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	ftview Avenu	If Under 1 Yr., If Under 24 Hrs.		
	Female	White		Sing	ED, DIVORCED (specify)	July 20, 1899	last birthday	Manths Days Haus Min.		
		CUPATION (Give k				11. BIRTHPLACE (State or far	eign country)	12. CITIZEN OF WHAT COUNTRY?		
I	Retired	Claim D		Mary	land Casualty	Baltimore, M				
13.	FATHER'S NA	Alexan	don D	Comm		14. MOTHER'S MAIDEN NA				
15.	Was Decease	ed Ever in U. S.	Armed Fore	ces?	1 6. SOCIAL	Katherine H	amilton	ADDRESS		
(Ye	No	vn) (If yes, give w	vor ar date	s of service)	SECURITY NO.	Raymond Joyne	s 1761 C	Liftview Avenue		
	18.	0.01			CAUSE	F DEATH	1101 03	INTERVAL BETWEEN ONSET AND DEATH		
	DISE	ASE OR CONDI		ECTLY	00	s assect to	8 - Lon			
	Cornary for the solution of the course (A) stoling the obove course (A) stoling the course (A) stoling the obove course (A) stoling the c							Name of the second		
	injury or complication which coused death.)						al. 5 years and			
	DISEASES	ANTECEDENT			DUE TO	45,	(7/		
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last. On the obove couse (A) stoling the Colorests with Hypertensian 7 months							7 mon/43		
	420,	7 11				, , , , , , , , , , , , , , , , , , ,				
ERTIFICATION	TO THE	NIFICANT COND DEATH BUT N R CONDITION C	OT RELA	TED TO 1	NG THE					
FICA				DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes at N	10) 208. IF YES, WERE	FINDINGS CONSIDERED		
CERT	21A. ACCID	ENT WAS UNDE	RLYING		18. PLACE OF INTURY (e.g.,	n at about 21 C. WHERE DID		re City, give exact lacation)		
CAL	OR CONTRI	BUTING CAUS	EOF	' h	ame, form, factory, street, o	ffice bldg., INJURY OCCUR?		- iii, gita okaa kaasaa		
MEDI	21D. TIME OF INJURY	(Manth) (Day	y) (Year)	[E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
<	(APPROX.)			٧	Vhile At Nat Whi			1 2 10		
		y that (I) (th is) last saw the			the deceased from 71	10	1952 to Mil	(1) (1) (1) (1) (1) (1) (1) (1)		
								Inian deoth occurred on the dote		
and hour and fram the couses stated above. (I) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE Clear Du Edwards M.D. Attending Med. Director Staff Phys. Warch 4							23 B. DATE SIGNED			
							March 4,1968			
	PHYSIC NAME		ME	2 ma	4 ds M.D.	23D. ADDRESS	a wada B	ative sul		
24/	A. BURIAL CI	REMATION, 24B.	DATE	24C.	NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	City, tawn, or caunty) (State)		
	Burial		7-196	8 B	altimore	Bal	timore, Mary	land		
25/	A. DATE REC	D BY HEALTH D	EPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	150-REV. 1/	1968 ()	Lub	2. Fa	alley Mill	Lilly & Zeil	er Inc. 190	Ol-07 Eastern Avenue		

de in Son i es mo le le le 35 C 76 EU Market with Tierran Justice to 11

attendance on the

was in regular

death

who pronounced

physician

Also,

examiner.

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

(except where

was D.O.A. at a hospital deceased prior to death)

the body was released to the hospital by a medical

regular attendance on

(6) No physician was in

the deceased

prior to death. Such

the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased

a hospital and

68- 2537 BALTIMORE CITY	HEALTH DEPARTMENT	68- 2537
CERTIFICA	TE OF DEATH REG. NO.	00 2001
BIRTH NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) Elizabeth Chiaton	March 4 1969	May 3:05 P: M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If ins. A. STATE B. COUNTY	titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR YOWN D. INSID	DE-CHANTIS?
43	BARTIMORE E. STREET AND NUMBER	YES NO 1
South Battimore General Hospital		treet - 2/230
6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Abusing most or working the, even it relied) At - Home 13. FATHER'S NAME	MACHIAND BORFIMORS	USA
Henry Deck	MAN EISEL	
S. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS SAME
No - 214-54-6449	MISSIMARYLITTON	- (BAUS ATERVAL
DISEASE OR CONDITION DIRECTLY	1 1 91	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Gral Remontinge	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
injury or camplication which caused death.) ANTECEDENT CAUSES	· Selevite cardinascu	1.
(B) Wall	S A CONSEQUENCE OF:	<i>cac</i>
rise to the above cause (A) stating the UNDERLYING CONDITION last.	iceael	
40011		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
	NO	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or obout 21C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not White At Work		
22. I certify that (1) (this haspital) attended the deceased fram	Feb. 19 1968 to MAC	ch 4 1968
that (1) (we) last saw the deceased alive an March 4		nian death accurred an the dat
and haur and fram the causes stated above, (i) (We) (did) (did nat)		
23A. SIGNATURE		23B, DATE SIGNED
	ending Med. Shaff Sys, Director Phys.	3-4-68
NAME (Type)	23D. ADDRESS	
LARRY J. WARNER M.D. DEGREE	S. B. G. H. 1213 Light	St. = 2/230
24A. BURIAL CREMATION, 24B. DATE THUR 24C. NAME of CEMETERY OF CI BURIAL (Specify) MARCH 7-1904 HOLY (1955)	COMETERY BROCKLYN B	y, town, or county) ACOMd. (Stole)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Dentes Come 1400S S	VANS ADDRESS
MAR 5 1968 Of Cub E. tallour	Justino Como 1 4005. 50	8ALPS-2/236
VS 150-REV. 1/1/6B		

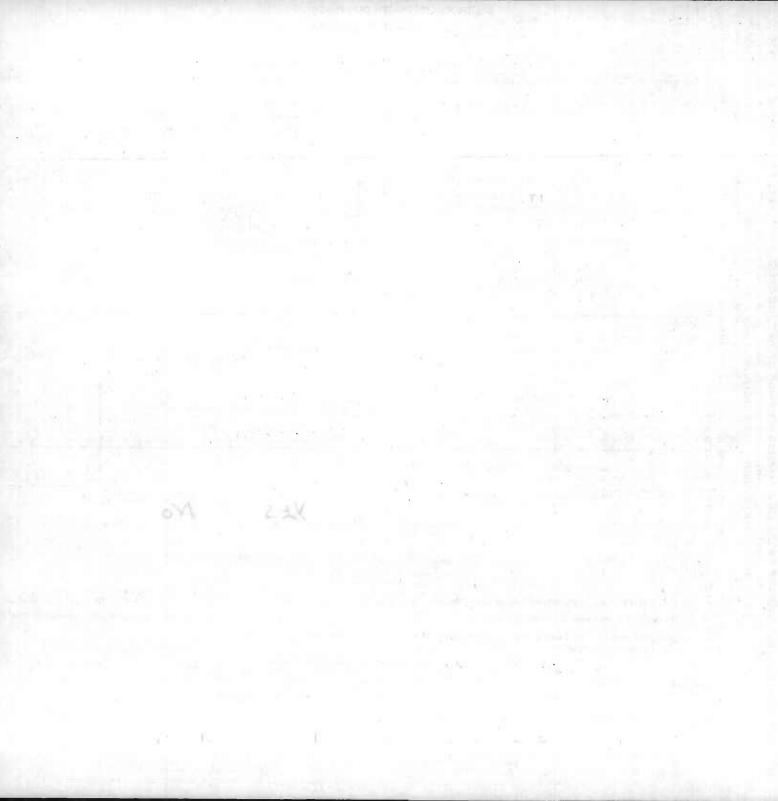
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listina beliartu cadiorroculo: discoss

Lang France ma

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 68-2538 CERTIFICATE OF DEATH hospital and use of death; (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH HUBBARD BABYGIRL (Type or Print) Feb 29/68/19 A.M LO death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE B. COUNTY BALTIMORE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS cause; prior to YES K NO HOPKINS HOSPITAL E. STREET AND NUMBER contributing is made. (4) Undetermined regular 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED Hours deceased lost birthdoy FEB 2868 IX XD B XXX X DIVORCED EMAL WIDOWED HITE IDA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State 12, CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) = USA MARTLAND MOS 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME direct ITH HENSON HUBBAR assistant uo. death kind; ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, osthenio, etc. It means the disease, OL injury ar complication which coused death.) regul ANTECEDENT CAUSES (B) MMATURITY
DUE TO, OR AS A CONSEQUENCE OF: who are 4 DISEASES OR CONDITIONS, if any, giving the abave couse (A) stating the INCOMPATABILITY physician UNDERLYING CONDITION last. before the remains chief medical WGS burns; 0.5 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID 0 (2) OR CONTRIBUTING CAUSE OF the (If in Boltimore City, give exoct location) where home, form, foctory, street, office bldg., INJURY OCCUR? hospital °N DEATH (notify medical examiner) etc.) of any nature; MEDIC obtained (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY certificate must be approved (except While At Not While (APPROX.) and Work At Work to the 22. I certify that (1)(this haspital) attended the deceased from death); 00 that (1) (we) last saw the deceased alive on 19 and that in (my) (aur) apinian death accurred an the date pe hospital and hour and fram the causes stoted abave. (1) (We) (did) (did nat) view the bady after death. was released must accident 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Staff 0 Phys. Phys. Director L approval 8 23D. ADDRESS 23 C. PHYSICIAN'S prior to NAME (Type) An JULINS HOJPITAL JONGE - LOPKINS A 24A. BURIAL CREMATION, 24B. DATE shows: (1) 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stote) deceased D.O. the body REMOVAL (Specify) 2-29-68 JOHNS HOPKINS HOSPITAL BALTIMORE, MARYLAND 21208 CREMATION W ds HOSPITAL REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/68

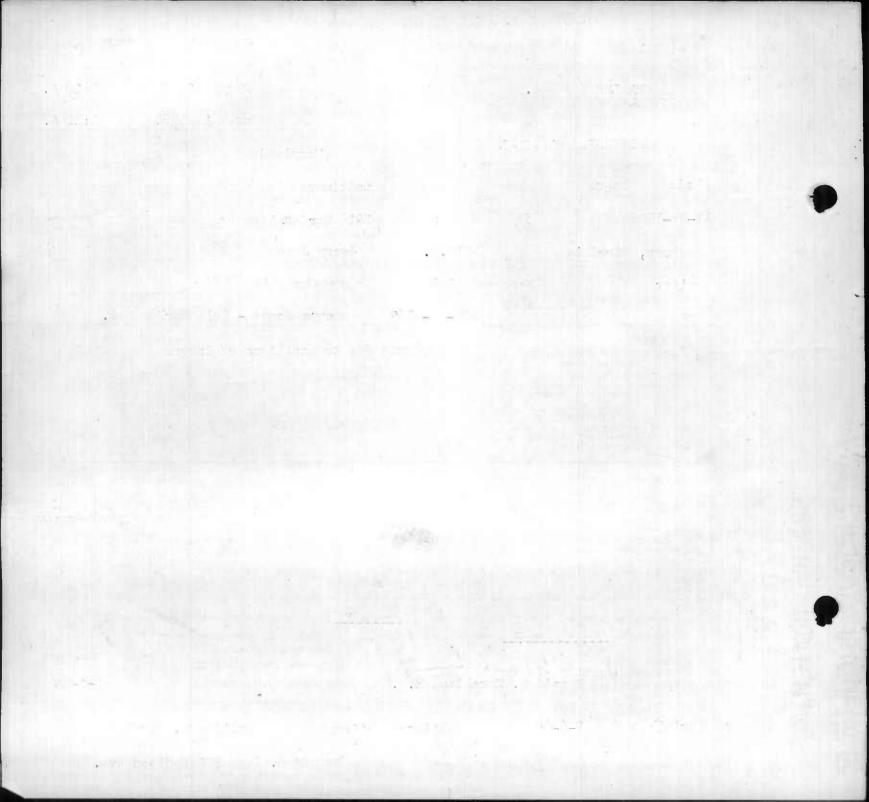


68- 2539 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

68-	2539
	.000

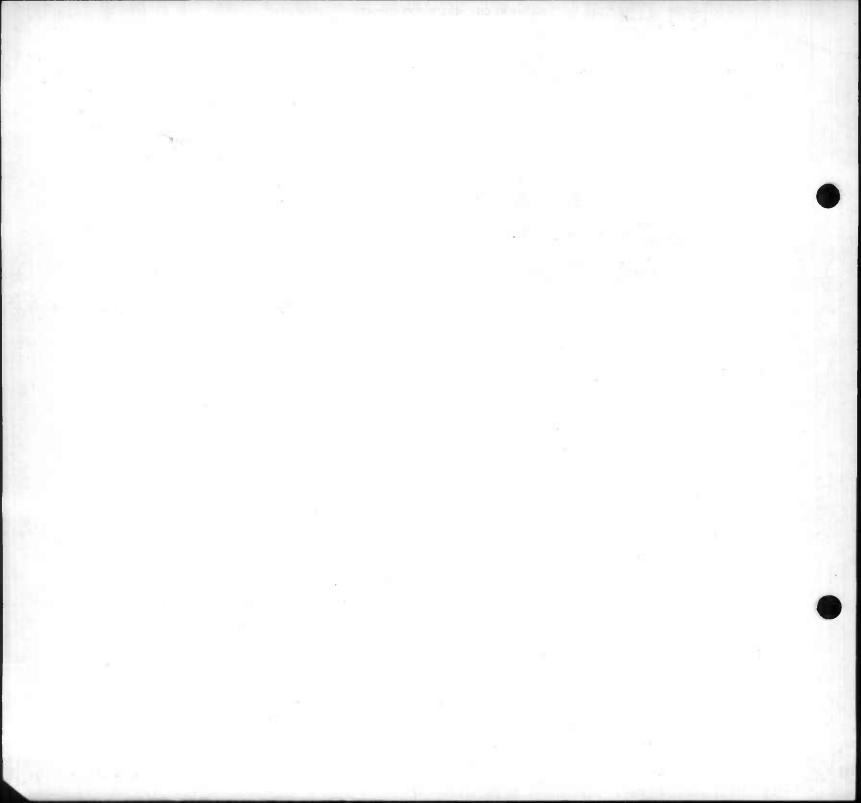
BIRTH NO.						
1. NAME OF DECEASED			2. DATE Know	n Manth Day	Ye	ar Haur
(Type or Print) CHARLES	A.	JONES	OF DEATH Estim	oled March 2, 1	1968	7:20 A. M.
4. PLACE IN BALTIMORE, MARYL	AND, WHERE PRON	NOUNCED DEAD	3. DATE	Month Doy	Ye	
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS COR INSTITUTION	HOSPITAL OR INSTITUT OR LOCATION)	TION, GIVE STREET	PRONOUNCED E	March 2, 196 E (Where deceased lived. If institu		7:20 A. M.
3 & UNIVERSITY	' HOSPITAL		A. STATE	land B. COUNT		lice before domission)
6. SEX 7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSID	E OTY LIMI	IS?
Male Negro	WIDOWED	DIVORCED [Baltimore		ens 🗆	No.D
9. DATE OF BIRTH	thirthday) Ma	Under 1 Yr. If Under 24 Hrs.	E. STREET AND NU	MBER		
11-28-1908	59		2414 Hayle			
11. BIRTHPLACE (State or foreign co		CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
Roxbury, Virgini		WHAT COUNTRY?	Jerry Jo			
14A. USUAL OCCUPATION (Give kind dane during most of working life, even if	retired)					
Waiter	Merch	ant Club	Lucy Chr	istian		
16. WAS DECEASED EVER IN U.S. (Yes, na ar unknown) (If yes, give war o	ARMED FORCES? or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRESS	
yes		212-18-5169	Annette	Jones - 2414 Har	lem A	ve.
19.		CAUSE OF DEAT	тн			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO		Asphyxia	due to par	illoma of larynx	2	
LEADING TO DE		(A)IMMEDIATE C		*		
(This does not mean the mod heart failure, osthenia, etc. It m injury ar camplication which ca	eons the diseose,	DUE TO, OR A	AS A CONSEQUENCE C	F:		
						1
DISEASES OR CONDITIONS		(8)	AS A CONSEQUENCE	OF:		
RISE TO THE ABOVE CAUSE	(A) STATING THE					
UNDERLYING CONDITION	LASI.	(C)				
₽ 2/2 X II						
OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING	G				
DISEASE OR CONDITION GIV	EN IN PART 1 (A)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
OF THE RESIGNIFICANT CONDITION OF THE DEATH BUT NOT RELED TO THE DEATH BUT NOT RELED TO THE DISEASE OR CONDITION GIVE TO THE DISEASE OR CONDITION OF THE DISEASE OR CONDIT	B. CONDITION FO	R WHICH OPERATION WA	AS PERFORMED		21. A	Yes (nly)
ZZA. EXTERNAL CAUSE WAS	5 228	PLACE OF INJURY(e.g.,	in or about 22C, WHE	RE DID (If in Boltimare City, give	e exact lacati	ion)
UNDERLYING OR CONTRIB		me, farm, factory, street, affice				
22D. TIME (Manth) (Day) OF INJURY	(Yeor) (Hour)	22E.INJURY OCCURRED	22F. HOV	V DID INJURY OCCUR?		
(APPROX.)	m.	WHILE AT NOT AT W	WHILE O			
23.				hot on this bosis, deoth in	my onlni	
)n
resulted from: Notu	rol couses X	Accident Suicid		Undetermined monn	er 🗀	
ACTUAL	10111	f. l.	ACCICTANITA	EDICAL EXAMINER		DATE SIGNED
SIGNATURE () Mis-	& UKan	M.D		EDICAL EXAMÍNER		
EXAMINER'S R NAME (Type)	onald N. Ko	ornblum, M.D.	ASSOCIATE N	EDICAL EXAMINER		3-2-68
24A. BURIAL CREMATION, 24B.	DATÉ 2	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION (City,	lown, ar ca	unty) (Stote)
REMOVAL (Specify) Burial 3	-6-68	Baltimore	National	Baltimore,	Maryl	and
25A. DATE REC'D BY HEALTH DEP	T. 258. NAN	NE OF REGISTRAR	25C. FUNERA		ADDRES	
MAR 5 1968		. Farbertan		R. Law 802 Mad	ison	Ave.



	G-635 68- 2540 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH
death death eased n the Such	I, NAME OF DECEASED (Type or Print) The print of Deceased of Deceased of South of Death of Death of Deceased of Deceased of South of Death of Deceased of Deceas
of of ce of ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
a hos ause e; (5) ndan	HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) OR BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS
d in ng c caus atter	MARYLAND GENERAL HOSPITAL BALTIMORE YES NO 1
buti buti ned lar lar d pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs
occu ontri ermi regu ease	Months Doys Hours Min. Months Doys Hours Min. Months Doys Hours Min.
or o	NONE MARYLAND USA
if d (4) U was the the	13. FATHER'S NAME
dir dir	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
sister the kin dec	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NO 16h 01-8353 Helen Carrey - Dister SAME
s as if any ced nda	18. 4 1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, Also, noun attendated	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO OR AS A CONSEQUENCE OF:
er. ctur pror	heart foilure, osthenio, etc. It meons the disease, injury ar camplication which caused death.)
min min A fra ho egu	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
exe (3) A in w	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) PSCU - DISEASE
medical nedical burns; shysicic an was remair	422,/ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
chief dan Body the p ysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by; (2) here	21A. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) PLACE OF UNJURY (e.g., in or about 21C. WHERE DID INJURY OCCUR?
ature pt w (6) r	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Net White
proventhe hand ny ne exce	22. I certify that (1) (this haspital) attended the deceased from 5, 2, 19 68 to March 4, 1968
of a	that (1) (we) last saw the deceased alive an
tased to dent of ospital death) must be	and haur and fram the causes stated abave. (1) (We) (did) (dld nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
a to	Charles S. Harreson, M.D. Degree Phys. Med. Director Phys. Staff Director Phys. 3-4-68
y was r y was r 1) An a 3.A. at d prior	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS MARYLAND GENERAL HOSPITAL
-	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS
This the show was dece	MAR 5 1968 Relub 2. Farbunta Carl Gilmon 1827W Karth Chre

HEEV Brender hand their

F	BALTIMORE CITY HEALTH DEPARTMENT	0 0 5 4 4
DIDT	E-152 68- 2541 CERTIFICATE OF DEATH REG. NO. 6	8- 2341
1. NA	T, NAME OF DECEASED JOSEPH . H. EVANS. 2. DATE AND HOUR OF DEATH 3-3-68.	2.06P.
3. P	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY	n; residence before admission
105	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR STREET C. CLY OR TOWN D. INSIDE CIT	Number 3
	(Sillollon	_/ _ = //
4	LUTHERAN HOSPITAL. BALTIMORE VES E. STREET AND NUMBER 2811 Chelsea Te	nace.
SE	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 95 Mon	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
		CITIZEN OF WHAT COUNTR
(Cuelodian Ret Jarman Malors Balts. Md	
F	FATHER'S NAME 14. MOTHER'S MAIDEN NAME LIVER SUPPLY SUPP	
5. W	S. Wos Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS BULLASKI
1	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH FIECTROLYTE THRALAN	
	(This does not mean the mode at dying, e.g.,	CE 2 Whs
	hearl failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	SIRUCITON.
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	
	rise to the obove couse (A) stating the UNDERLYING CONDITION last. (C)	
NOI	rise to the obove couse (A) stating the UNDERLYING CONDITION last. (C)	
ATION	rise to the obove couse (A) stating the UNDERLYING CONDITION tast. (C)	NGS CONSIDERED
AL CERTIFICATION	rise to the obove couse (A) stating the UNDERLYING CONDITION tast. (C)	
CAL CERTIFICATION	rise to the obove couse (A) stating the UNDERLYING CONDITION tast. (C)	
AEDICAL CERTIFICATION	TISE 10 THE OBOVE COUSE (A) stating the UNDERLYING CONDITION Idea. (C)	
MEDICAL CERTIFICATION	Tise to the obove couse (A) stating the UNDERLYING CONDITION tast. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 1D CONTRIBUTING CAUSES OR CONTRIBUTING CAUSES OR CONTRIBUTING CAUSE OF 1NJURY (e.g., in or obout 21 C. WHERE DID Nome, form, loctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 1D 1B PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID Nome, form, loctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 1D Not While At Work 1D Not While At Work 1D Not While 1D Not Work 1D Not Work 1D Not While 1D Not Work 1D Not W	give exact location)
MEDICAL CERTIFICATION	rise to the obove couse (A) stating the UNDERLYING CONDITION tast. (C)	give exact location)
MEDICAL CERTIFICATION	rise to the obove couse (A) stating the UNDERLYING CONDITION tast. (C)	give exact location) 3 — 19 68 death occurred on the do
MEDICAL CERTIFICATION	rise to the obove couse (A) stating the UNDERLYING CONDITION last. (C)	give exact location)
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MEDICAL CERTIFICATION	rise to the obove couse (A) stating the UNDERLYING CONDITION test. Columber Stating Condition and the Underlying Content of the terminal Disease or condition given in Part 1 (A). Columber Stating Condition of the terminal Disease or condition given in Part 1 (A). Columber Stating Condition of the terminal Disease or condition given in Part 1 (A). Columber Stating Condition of Part 1 (A). Columber Stating Col	give exact location) 3 — 1968 death occurred on the do
MEDICAL CERTIFICATION	itise to the obove couse (A) stating the UNDERLYING CONDITION tost. (C)	give exact location) 3 - 19.68 death occurred on the do DATE SIGNED 3 - 3 - 68 -, Ballingo
MEDICAL CERTIFICATION	INDERLYING CONDITION Iast. (C)	give exact location) 3 - 1968 death occurred on the do DATE SIGNED 3 - 3 - 68 - Baltimo vn, or county) (Stote)

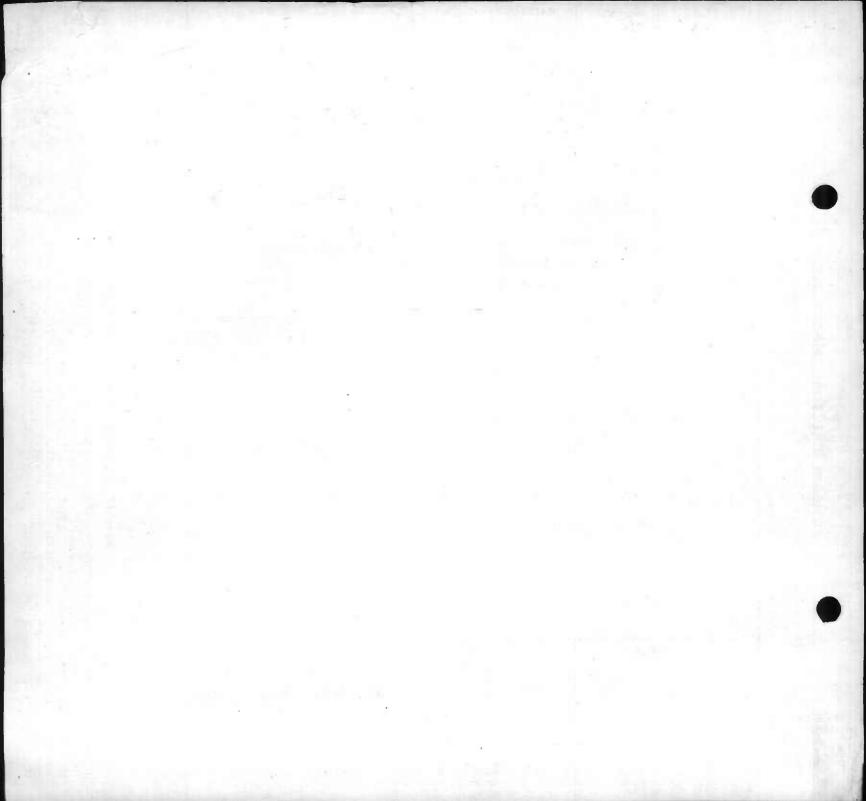


FUNERAL DIRECTOR: IMPORTANT

68- 2542 BALTIMORE CITY HEALTH DEPARTMENT 68- 2542 CERTIFICATE OF DEATH ased the hospital and BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 13 MARGARET 0 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF COUPS HOSPITAL OR C. CITY OR TOWN INSIDE CITY LIMITS? O Undetermined cause General Hospital atte 2 prior E. STREET AND NUMBER contributing occurred 400 regular disposition is made. S. SEX 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months Days If Under 24 Hrs. deceased MARRIED NEVER MARRIED lost birthdoy Hours WIDOWED DIVORCED 10-3-1910 IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Was 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME 4 BENNS BisHot assistant death uo kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any OF DEATH APPROXIMATE INTERVAL pronounced 20 BETWEEN ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not meon the mode of dying, heart foilure, osthenia, etc. Il means the disease, the chief medical examiner xaminer. gular injury at camplication which caused death.) ANTECEDENT CAUSES who 10 are 4 DISEASES OR CONDITIONS, if ony, giving 3 to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. medical No physician was 410 X 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body CERTIFIC 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by obtained before (7) where 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) home, farm, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF to the hospital MEDICAL DEATH (notify medical examined any nature; 21D. TIME OF INJURY (Month) (Doy) (Year) (Hout) 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 9 be approved Not While (except While At (APPROX.) Work At Work and 22. I certify that (1) (this hospital) ottended the deceased from 19 68 19 68 ٠, that (1) (we) lost saw the deceased alive on ond that in (my) (our) opinion death occurred on the date pe of death) hospital and hour and from the couses stated above (1) (We) (did) (did not) view the body after death. the body was released must accident 23A. SIGNATURE certificate must 23B, DATE SIGNED Attending [Med. Staff 0 Phys. approval Director ō 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) 55 6en HOL ď 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY (City, town, or county) deceased was D.O. REMOVAL (Specify) written shows: SURI 4 STANDARD STAND GUKNI 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR 1968 VS 150-REV, 1/1/68

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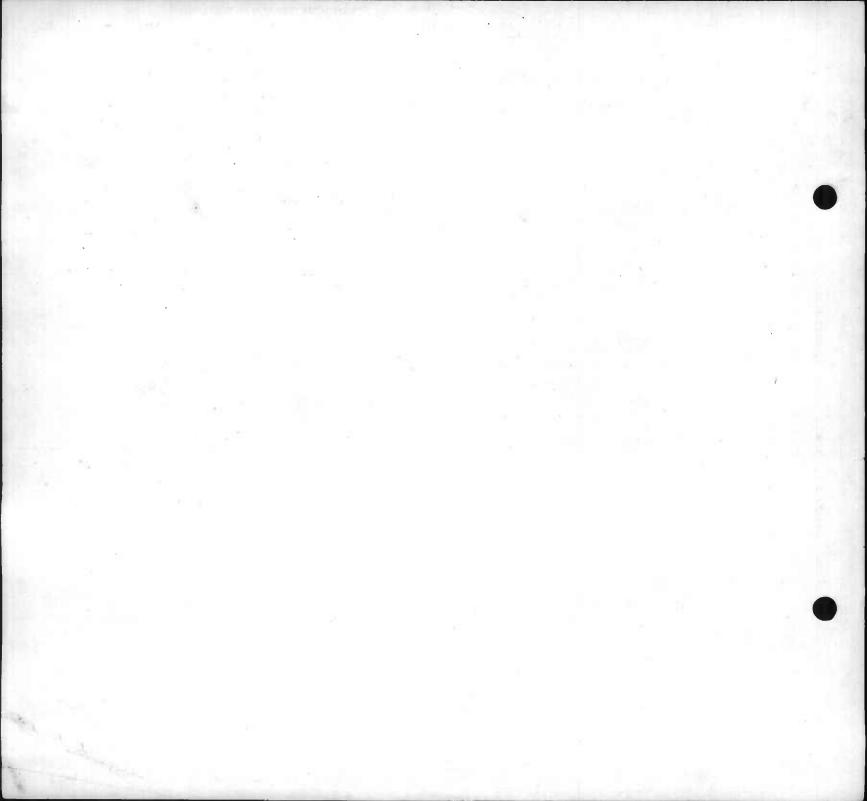
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FUNERAL DIRECTOR: IMPORTANT

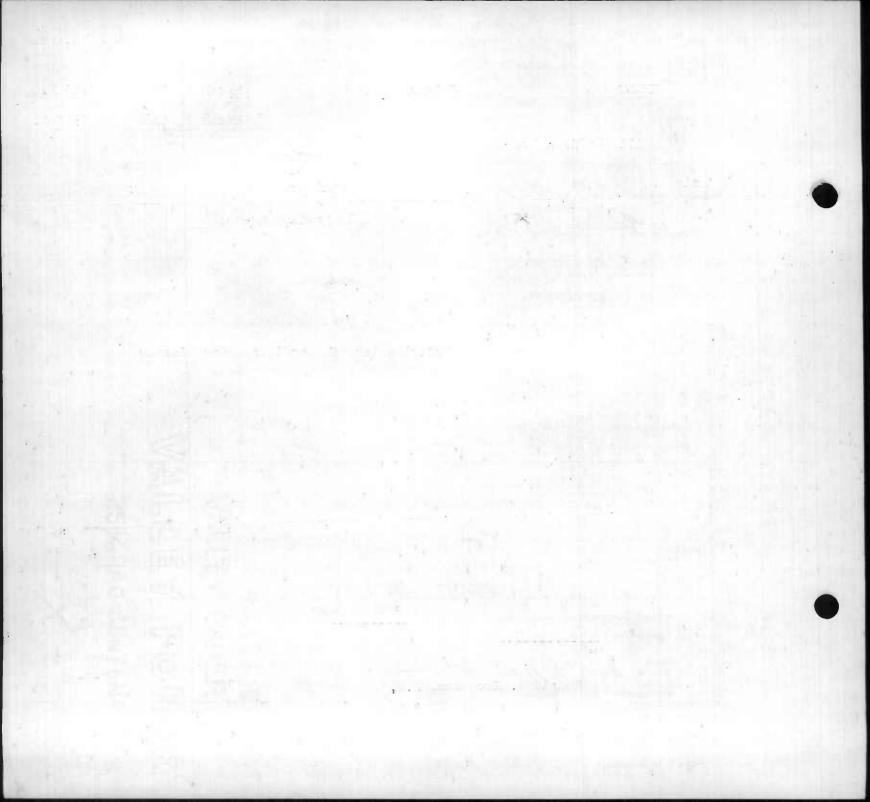
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	T 1571		BALTIMORE CITY				00	0511	
31R	TH NO. (00-30/43	68- 25	44 CERTIFICA	TE C	F DEATH	REG. NO	00	2544	-
l, N	AME OF DECEASED		1		2. DATE AN	D HOUR OF DEATH	4		
	pe or Print)	GENE)	Y L	NES	AL RESIDENCE (Where	ROH 2	968	13/3 A	M.
	PLACE IN BALTIMORE, MAR	ILAND, WHERE PRO	NOUNCED DEAD	A. STAT	E B. COUN'	TY	institution; les	sidence belore dalmission	,
FU H C	LL NAME OF (IF NOT I SPITAL OR ADDRESS STITUTION	OR LOCATION)	STITUTION, GIVE STREET	C. CITY	OR TOWN	-70 . CIT		IIS2-	_
1143				1/2	BALTIMORE		YES I	NO	
3	UNIVERSITY	OF MD.	HOSP.	1	ET AND NUMBER	GE ST.	, ,		
. S	EX 6. RACE	7. MARR	IED NEVER MARRIED K.	8. DATE		ost birthdoy	If Under Months		-
	FN	WIDOV			5/20/61	6			
	. USUAL OCCUPATION (Give a during most of working life, ever		OF BUSINESS OR INDUSTRY	11. 81RT	IPLA CE (Stote or foreig	gn country)	12. CITIZI	EN OF WHAT COUNTR	Y?
	CHILD				MARYLA	ND		1)SA	
13.	FATHER'S NAME			14. MO1	HER'S MAIDEN NAM	N.E.			
	JAMES	B. 50	NES		ROSA LE	E WAS	HING	70 N	
Ye:	Wos Deceosed Ever in U. S. s, no or unknown) (If yes, give v	Armed Forces? wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT			ADDRESS	
	NO				HOSPITAL	CHAR.	T		
П	18.250.0 I		CAUSE OF DEAT	Н				APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT	н
	DISEASE OR CONDI		1		0-0,00	Se a se a l		Sa wans	
	(This daes not mean the		e.g., (A) IMMEDIATE CAL	A CONSE	QUENCE OF:	TICN		20 MINS.	
	heort foilure, osthenia, etc. injury or complication which		use,					>	
	ANTECEDENT	CAUSES	(p)		KETOACI	DASIS			
	DISEASES OR CONDITIO		ing DUE TO, OR AS	A CONSI	QUENCE OF:	UC.UK JK. 990		>	
	rise to the above co UNDERLYING CONDITION		(C)	Dii	MARTES	MELLITU	2	*	
	260X II			.,					-
ON	OTHER SIGNIFICANT CONDIT						3.4		
CATI	DISEASE OR CONDITION GIV	EN IN PART 1 (A).		T20 A	AUTOPSY? (Yes or No)	208 IE VEC WERE	EINIDINGS	CONCIDENCE	_
CERTIFIC	2	WAS PERFORMED	OR WHICH OFERATION	. 204.	YES	208. IF YES, WERE IN CERTIFYING C	AUSES OF D	EATH?	
CE	OR CONTRIBUTING CAUS		21B. PLACE OF INJURY (e.g.,	in or obout	21C. WHERE DID	(If in Boltim	ore City, give	exoct location)	-
CAL	DEATH (notify medical exami		etc.)	mee orage	MIJORI GCCOK				
MEDI	21D. TIME (Month) (Do	y) (Yeor) (Hour)	21E. INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?			-
2	(APPROX.)		While At Not While Work At Work	le 🗌				1	
	22. I certify that (1) (this	haspital) attende	ed the deceosed from		3/1/ 1	9 68 to		3/2 1968	
	that (I (we))ost sow the	deceosed olive	on	219	68 and the	ot in (my) (our) or	oinion deat	h occurred on the do	te
	ond hour and from the co	uses stated obov	e. (1) (did nat)	view the	body after deoth.				
	23A. SIGNATURE	. /	1				23B. DATE	SIGNED	_
	Lond	Pero 1/1	DEGREE Phy	ending _		Staff Phys.	31	2/68	
	23 C. PHYS/CIAN'S NAME (Type)	a co	/ Stoket	23D. ADD	RESS		1	1	_
	THE	ODORE	WOLFF DEGREE		Univers	ely of	nel 1	tem.	
24A	BURIAL CREMATION, 24B.	DATE 240	NAME of CEMETERY OF CR	EMATORY	24D. LC	CATION	City, town, or	county) (State)	
	Byrial 3	-5-68	Mt. Calve	2U (Jem.	Ba Ho.	1	101.	
2SA	DATE REC'D BY HEALTH D	DEPT. 258. NAA	ME OF REGISTRAR	25C	FUNERAL DIRECTOR	,	- 0	ADDRESS	_
N	IAR 5 1968 (P.	but E, to	ander The	Kel	son Funeral	Home 1:	348 La	Thoun St	1
15	150-REV. 1/1/68			1					-



5-126 68- 2545 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 68- 2545

BIRTH NO.	REG. NO.	
	2. DATE Knawn Manth Day	Year Haur
(Type or Print) KELLY SPicer	OF Swart Name 1 106	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	DRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION)	March 1, 196	*****
1710 Madison Avenue	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY	residence before admission)
(7)	Maryland	11-01
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YE	s 🗷 NO 🗋
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	3 22 140 2
last birthday) Manths Days Hours Min.		
11/12/19/3 32	1710 Madison Avenue	
11. BIRTHPLACE(Stote ar foreign cauntry) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Lakeoville, 8/19	Thamas Spuer	
14A. USUAL OCCUPATION (Give kind af work 14B. KIND OF BUSINESS OR INDUSTR' done during most of warking, life, even if retired)	15. MOTHER'S MAIDEN NAME	
Lasta404)	Marketin Colingbith	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT AD	DRESS
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	- Yother blackt 100 A	modera SU
Me White Mat 2	Juna Height 181200	APPROXIMATE INTERVAL
CAUSE OF DEA		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterios	clerotic Cardiovascular Diseas	se l
LEADING TO DEATH (A) IMMEDIATE (CAUSE	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	gregorigogo y o grando a mateira que casa con con de calle de de tito de tito de con cincida de cincida de de canada y
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		p.p. a.g.uuqua
OF THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
THE SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	55 55 55 55 55 55 55 55 55 55 55 55 55	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
15/1		Yes
Z2A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,	in ar about 22C. WHERE DID (If in Baltimare City, give exa	
	te bldg., etc.) INJURY OCCUR?	ci rocanon)
UTING CAUSE OF DEATH.		
	22F. HOW DID INJURY OCCUR?	
	WHILE VORK	
23.	YORK DI	
I certify that I held on Inquiry Inspection Au	ond that on this basis, death in my	opinion
resulted from: Notural couses X Accident Suici		
ACTUAL Q 1121/2 11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Carlo MKhuba ME	ASSISTANT MEDICAL EXAMINER X	2 1 69
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	3-1-68
NAME (Type)		
24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town	, or caunty) (State)
REMOVAL (Specify) 2 16 160 Bull 9	att Cem. 5501 Tres	luil line
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR		DDRESS O
	B- OL- A	150 Soll. P.
MAR 5 1968 Roberto E. Farbura	Multan E. Yollekom	1/24 1/ canting
VS 151-REV. 1/1/68	The state of the s	

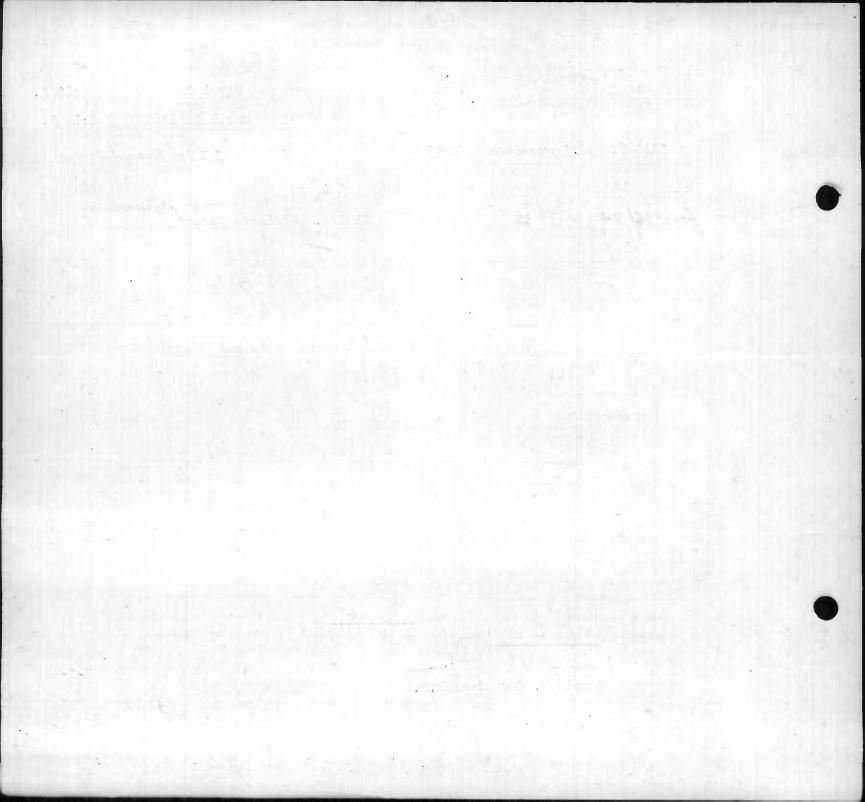


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BALTIMORE CITY HEALTH DEPARTMENT

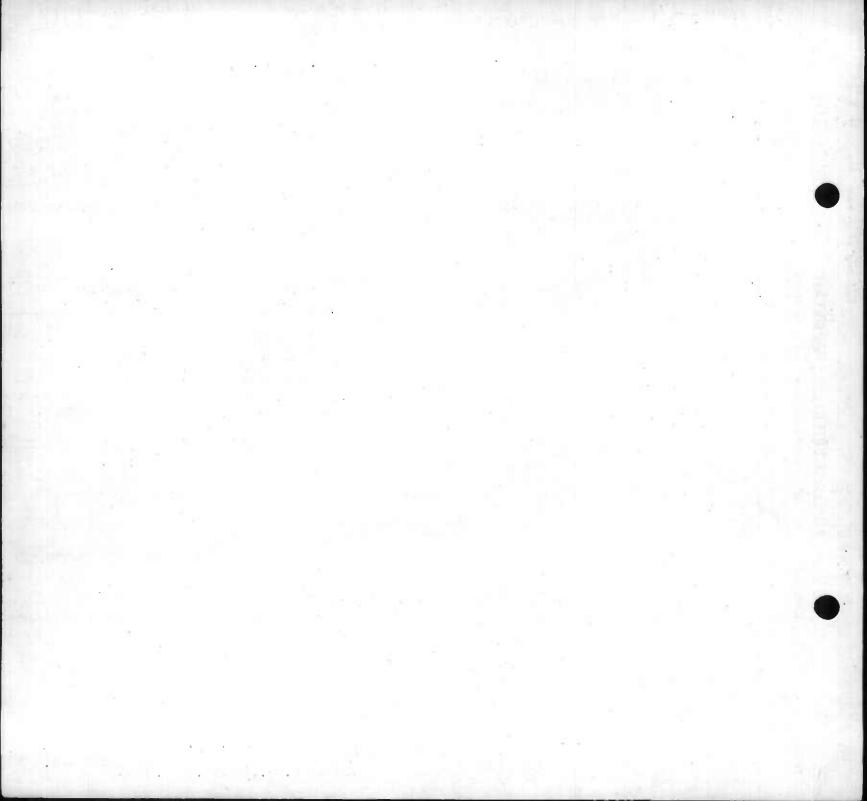
68- 2546

DIRTUNO	MED	DICAL E	XAMINER'S	CERTIFIC	CATE OF	DEAT	REG. NO.	00	2040
BIRTH NO.	Cracen La	107	- 1 1	IIo DAYE		-1	1		U.
1. NAME OF DEC	CAROL CAMPAGE	L D-Jo	JARDON	2. DATE OF DEATH	Known D	Marc	h_2,_196	Yeor 8	8:30 A.M.
4. PLACE IN BAI	LTIMORE, MARYLAND, 1	WHERE PRON	DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTI ATION)	ON, GIVE STREET		JNCED DEAD ESIDENCE (Where		2, 1968		8:30 A. M.
	32 E. Baltimo	re Stree	et (DOA)	A. STATE	Marylan		270 R	1	walf
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	1
Male	White	WIDOWED [DIVORCED [Balt	d more		YE	s 🗆	NO 🗆
9. DATE OF BIRT	16/29 10. AGE (lost birth)	n yeors If U Mon	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.		ND NUMBER E. Baltim	ore St	27 A./3	roadu	vay
11. MRTHPLACE	State or foreign country)		WHAT COUNTRY?	13. FATHER	S NAME	ROAN			
14A.USUAL OCCL	JPATION (Give kind of work	148. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE					
WALER	working life, even if retired)	13ALTO	CITY		IE WILL	-AMSO			
	(If yes, give wor or dates		17. SOCIAL SECURITY NO. 2/3-26-3255	18. INFORM	Mary Je	rdan	227	M. L	nivodoto
19.40	2 . X . X 3 0	5 9	CAUSE OF DEA	TH	10				PPROXIMATE INTERVAL
DISTAG	SE OR CONDITION DIRE	317	Interst	itial M	yocarditi	s and]	neumoni	tis	TEEN UNSET AND DEATH
DISEAS	LEADING TO DEATH	CILI	(A)IMMEDIATE						
heort foilure	not meon the mode of d e, osthenio, etc. It meons th mplicotion which coused de	e diseose,		AS A CONSEQ	UENCE OF:		***************		
DISEASES RISE TO TH UNDERLYI	NTECEDENT CAUSES OR CONDITIONS, IF AN IE ABOVE CAUSE (A) STA NG CONDITION LAST.		(B)	AS A CONSEC	QUENCE OF:				
0 2/0/	V		(-/				************		
O THE DE	NIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN I	THE TERMINAL		thylism			~~~~		
20A. DATE O	F OPERATION 208. CO		WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
5 2									Yes
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	228. home	PLACE OF INJURY (e.g., e, form, foctory, street, office	in or obout 2 ce bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimor	e City, give exoc	t locotion)	
	(Month) (Doy) (Yeo	1		WHILE -	2F. HOW DID IN	JURY OCCU	R?		
23.		m.]\	WORK AIV	WORK					
1 cer	tify that I held an	Inquiry 🗌	Inspection 🗌 Au	itapsy 🛣	and that an t	his basis,	death in my	apinion	
resul	Ited fram: Natural ca	uses X A	ccident Suici	de Ho	micide 🗌	Undetermin	ed manner]	
		1 1 /	1 0		CHIEF MEDICAL I				
ACTUAL	Si Maria	U/Cun	Mu	ASSI	STANT MEDICAL	EXAMINER	x		DATE SIGNED
EXAMIN NAME (NER'S Ronald	N. Kornb	lum, M.D.	ASSO	CIATE MEDICAL	EXAMINER			3-2-68
24A. BURIAL CRE REMOVAL (Spec	MATION. 248. DATE	-1:0	Treenmon	1/	- 1	Jalle	med wn	or county) (Stote)
25A. DATE REC'D	MAR 5 1968	Poles	OF REGISTRAR		WINERAL DIRECT	or und be	ns 20	DDRESS 24 Cer	cleans #1
VS 151-REV. 1/1/6	8				1	1			



FUNERAL DIRECTOR: IMPORTANT

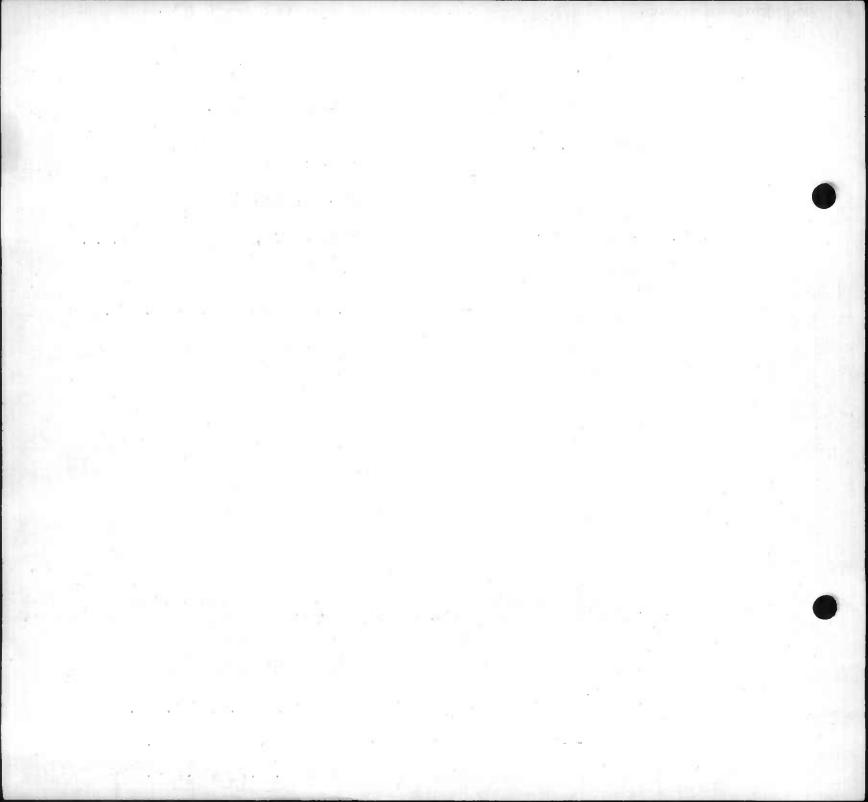
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THE NAME OF ADDRESS OF LOCATION OF WISHINGTON AS CHYOR TOWN STREET AND NUMBER CHYOR TOWN DISSIDERY TIMITS NO	M odmission)
S. SEX G. RACE MARRIED NOVER MARRIED S. DATE OF BIRTH G. AGE fin years G. A	,
E. STREET AND NUMBER S	L
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DEADLE OR CONDITIONS, in only, grying rise to the above cause (A) stating the UNDERLYING CONDITION last.	
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DEATH (notify medical examiner)	
A SIGNATURE (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED (Month) (APPROX.) 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23F. DATE SIGNED	1
22. I certify that (I) (this hospitol) ottended the deceased from 19 th 10 8 to 3 th march that (I) (we) lost sow the deceased olive on 19 th 19 68 ond that in(my) (our) opinion death occurred ond hour and from the courses stated above. (I) (We) (did) (did not) view the body ofter death. 238. DATE SIGNED	
22. I certify that (1) (this hospitol) ottended the deceased from 19 th 10 19 08 to 3 th march that (1) (we) lost sow the deceased olive on 19 th 19 that (1) (we) lost sow the deceased olive on 19 th 19 that (1) (we) opinion deoth occurred ond hour ond from the courses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE	
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L O U B	,
	/St : \
24A. BURILL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(310fe)
Durial 3-0-08 Western Cemetery Balto, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 4.101 Edward date.	
MAR 5 1968 (I) Con & Standard Witzke F. D., Balto., Md. 21229	/0.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) B urial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 4101 Edmondson	(Stote)



68- 2548

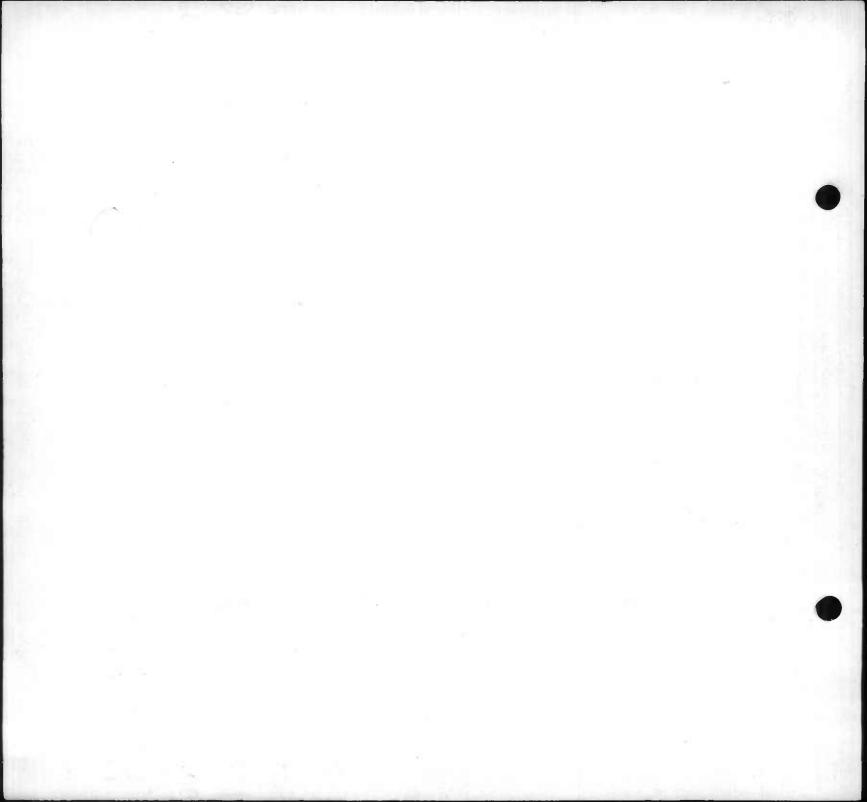
55 2048 CERTIFIC	ATE OF DEATH
BIRTH NO.	2. DATE AND HOUR OF DEATH
1. NAME OF DECEASED (Type or Print)	
R. Howard Hance	March 3, 1968 M 14. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Balto. C. CITY OR TOWN D. MSTRE CITY LIMITS?
Hood's Conv. Home	Baltimore E. STREET AND NUMBER
10	501 Glen Allen Drive
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 1898 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Male W WIDOWED DIVORCED	Jam. 22, Mark 70 Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	
Supt. of stations (retired)	Philadelphia, Pa U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Hance	Louise Hance
S. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	501 Glen Allen Drive
no	Mrs. Catherine Hance, Balto, Md. 21229
18. 88 X I CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	CINT ORD OF RIGHT
LEADING TO DEATH	CAUSE MOMA OF BLADDER 12 YRS
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II meons the disease,	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	AS A CONSEQUENCE OF:
rise to the obove couse (A) stoting the	
UNDERLYING CONDITION lost. (C)	
_ 181.0 II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
\$ 1956+ 1967 CA OF BLADDE	R No
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
O 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.)	
22. I certify that (1) (this hampital) attended the deceased fram	MAY 19 1960 to MAR 3 1968
that (1) (we) lost saw the deceased alive an FB	2.8 19 (and that In(my) (gw/) apinian death accurred an the dat
and hour and fram the causes stoted above. (1) (We) (did) (dld not	
23A. SIGNATURE	23B. DATE SIGNED /
	Attending Med. Staff
OEGREE!	Phys. Director Phys
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
JOHN NISNYDER MID	6348 Frederick Rd., Balto., Md.
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	
REMOVAL (Specify)	Process 1413 Pe
Burial 3-5-68 Arlington Cemet	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 5 1968 Plant & tarley MA	Witzke F. D., Balto., Md. 21229

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT



0	1	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	death oc or cont Undetern	deceas
FUNERAL DIRECTOR: IMPORTANT	or his assistant if a Also, if the direct re of any kind; (4) t	attendance on the
L DIRECTOR:	edical examiner. dical examiner. Jrns; (3) A fractu	vas in regular
FUNERA	spital by a mesure; (2) Body bu	where the phy 5) No physician
	ificate must be approved was released to the ho 1) An accident of any nat	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased processed prior to death); and (6) No physician was in regular attendance on the deceased processed processed prior to the physician was in regular attendance on the deceased processed pro
	This cert the body	was D.O

	00	0 = 40		BALTIMORE CITY	HEALTH DEPARTMENT		00 0=10
	50	3- 2549		CERTIFICA	TE OF DEATH	REG. NO	68-2549
BIRTH NO.							
1. NAME OF ((Type or Print)	I HOM	IAS REN	1E	B	4	AND HOUR OF DEATH	445 am M
3. PLACE IN	BALTIMORE, MA	RYLAND, WHERE	PRONOU	NCED DEAD	4. USUAL RESIDENCE (V A. STATE B. CO	Vhere deceased lived. If in: DUNTY	stitution residence before admission)
FULL NAME	ADDRE	CC OR LOCATION		TION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
INSTITUTION	Luthe	ran Hos	ortal	of narylan	Bal	Umor	YES NO
46				The	E. STREET AND NUMBER	an ave, B	alternou Nd 2121;
s. sex	6. RACE	/	ARRIED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			IND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
done during mos	at of working life, e	ven if retired)			USA		US A.
13. FATHER'S		ad			14. MOTHER'S MAIDEN	NAME	
H	ector	Thom	as-		Edna	100	
15. Was Deced (Yes, no or unkn	own) (If yes, give	S. Armed Forces? e wor or dotes of s	ervice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	omas 1115 N	ADDRESS McKean Avenue
						TOMOB TITO I	
	3.0			CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIS	LEADING	IDITION DIRECTL TO DEATH	Y		Canal	and to	
(This doe		e made of dying	g, e.g.,	(A) IMMEDIATE CAL	JSE Cardio - A CONSEQUENCE OF:	nspuann	apparex.
		tc. II meons the c hich caused deolt				250	5 months
	ANTECEDER			Mitas	talos Com	of Over	
DISEASES	S OR CONDI	TIONS, if any,	aivina	DUE TO, OR AS	Lahe Con-		
rise lo		cause (A) slatin		(c)		Jerminay C	
_ 175	^ 1	I		(0 / 000000000000000000000000000000000			
OTHER SIC	SNIFICANT CON	DITIONS CONTRIB					
E TO THE D		RELATED TO THE TER SIVEN IN PART 1 (A					
			N FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONT	IDENT WAS UN RIBUTING CA	USE OF	218. hometc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or obout 21C. WHERE DIE	(If in Boltimore	e City, give exact location)
21 D. TIME		Day) (Yeor) (Ho	ur) 21F.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJUR	Υ			le At Not Whi	le 🗂		
22. I cer	tify that (1) (th	nis haspitol) otte	ended th	ne deceased from	2127/68	19to3	5 3 68 19
	,	he deceased ali		3 3 68			nion death accurred an the dot
and hour	and from the	causes stated a	bove. (I) (We) (did) (did nat)	view the bady after dea	th.	
23A. SIGN	ATURE	ch 11.					23 B. DATE SIGNED
		Simobile		OEGREE Phy	ending Med. Director	Staff Phys.	3/3/1968
23C. PHYS	ICIAN'S NE (Type)	S.J. NOB	LE	OEGREE	23D. ADDRESS	Hospital, 7 Bo	30 ashburhan St
24A. BURIAL REMOVA	CREMATION, 2	4B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24E	LOCATION (Ci	ty, town, or county) (Stote)
Buri	al	3-6-68		utus Memori		Baltimore,	
25A. DATE RE	MAR 5	1968 P.	See &	E Falley MA	Lewis T. 4517 Park	Gwynn Funer Heights Av	ral Service venue 21215
VS 150-REV.	1/1/6B						



VS 150-REV. 1/1/68

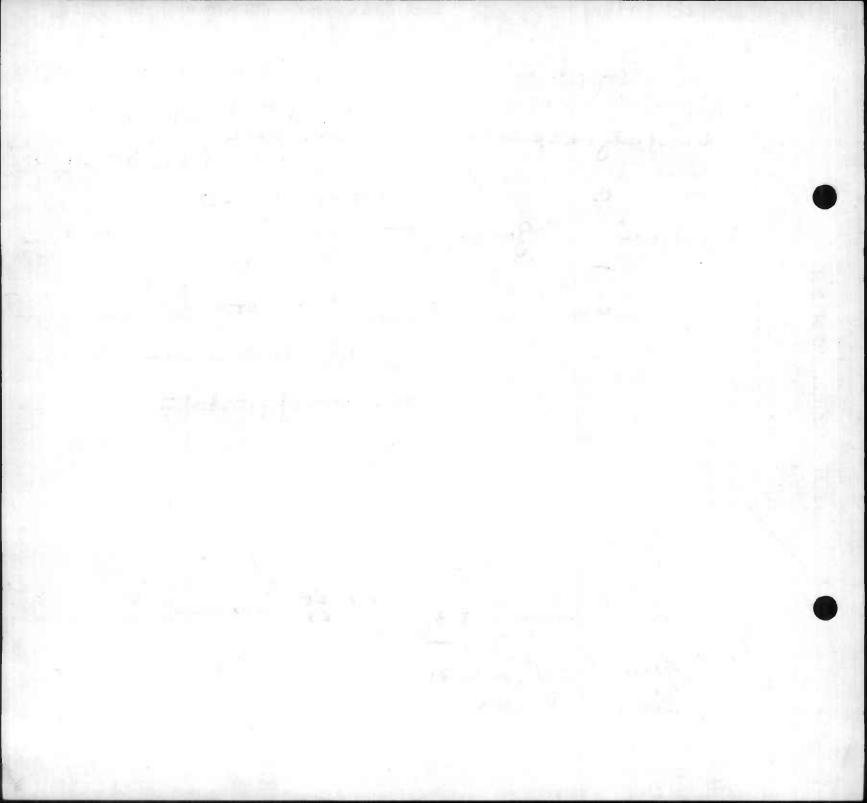
68- 2550 REG. NO.

	AME OF DECEASED	1		2. DATE	AND HOUR OF DEATH	4 4 14 .
AL	e or Printil G. HTS	TEID 1	VATHANS	3.	-1-68	16 0 M
. 1	PLACE IN ELTIMORE, MAI	YLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If in: UNTY	stitution: residence before admission)
U	LL NAME OF (IF NOT	IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND	CITY OF BAL	TIMORE - CL
NS NS	SPITAL OR ADDRES	S OR LOCATION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
2	3			BALTIMORE		YES XX NO
7	DAMS HA	pkins	Hospital	E. STREET AND NUMBER	502 N. Pa	RT ST.
S	EX 6. RACE	7. MARR	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
1	n W	WIDOV		8-5-16	lost birthday)	Months Doys Hours Min.
OA			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
on	during most of working life, ever	1 / 1	TY	MARYLA	NID	U.S.A.
3.	FATHER'S NAME		7	14. MOTHER'S MAIDEN N		
*	HARRY I	IGHTSTEIN		KATIE		
5. '	Was Deceased Ever in U. S, s, no or unknown) (If yes, give	Armed Forces?	1 6. SOCIAL SECURITY NO.	T. INFORMANT	1 0 111	ADDRESS
	1/	II. C		Has Josephin	M. Tightate	in- 502 N. Food &
	18. // 6		CAUSE OF DEAT	4 6 9	()	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONE	DITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING T	O DEATH	(A) IMMEDIATE CAU	ISE Municardial	and auction	
	(This does not mean the heart failure, asthenia, etc		e.g., DUE TO, OR AS	A CONSEQUENCE OF:	4	
	injury or camplication wh					
	ANTECEDEN	T CAUSES	(0)			
	DISEASES OR CONDITI	ONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above c		the			100
	UNDERLYING CONDITIO	N Idsi.	(C)			
z	H20.1	TIONS CONTRIBUTE	NC			
9	OTHER'SIGNIFICANT COND TO THE DEATH BUT NOT RE	LATED TO THE TERMIN				
U	19A. DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 20B. IF YES. WERE I	FINDINGS CONSIDERED
KTIF	2	WAS PERFORMED		VES	IN CERTIFYING CAL	USES OF DEATH?
CE	21A. ACCIDENT WAS UND		218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct locotion)
AL	OR CONTRIBUTING CAU		home, form, foctory, street, of etc.)	mice oldg., INJORI OCCOR:		
	21 D. TIME (Month) (D	oy) (Yeor) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID 1	NJURY OCCUR?	
ž	OF INJURY		While At Not Whil	e C		
			Work At Work		(8) 7/	, 6x
	22. I certify that (1) (thi		01.	>///	19 <u>68</u> to\$_/_	19
	that (I) (we) last saw th	e deceased olive	an 5//	19 6 0 ond	that in (my) (aut) api	nion death occurred on the date
	and have ond from the c	ouses stated abov	e. (I) (We) (did) (did not) v	riew the body ofter deot	h. /	
	23A. SIGNATURE	2 11 11			5. 11 —	238, DATE SIGNED
	Oliny K	Scarl	MD DEGREE Phy	nding Med. Director	Staff Phys.	3-1-68
	23C. PHYSICIAN'S NAME (Type)	0		23D. ADDRESS	2/	
	HENI	ey 16.	BLACK DEGREE	loha. Ho	plais How	0
4/	BURIAL CREMATION, 24	B. DATE 24	C. NAME of CEMETERY OF CRI	EMATORY 24D	LOCATION	ty, town, or county) (State)
		3-4-68	BALTO. NATIO	a. Ca.	BALTO. 1	$N_{\mathcal{D}}$.
	BURIAL 3	2 0 3	JULY LOUIS	UHL LEM.	DITLIO. , /	12

Solokus bipini ki jula of Mi ku

VS 150-REV. 1/1/68

	BALTIMORE CITY HEALTH DEPARTMENT
Put	CERTIFICATE OF DEATH REG. NO. 68- 2551
1, 1	RTH NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
Í	12.15 M. 3.3.68 1215PM 12.15 M.
,	PLACE IN BALTIMORE, MANLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decessed lived, If institution: residence before admission) A, STATE B, COUNTY
1	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Many land Saltymore OSPITAL OR ADDRESS OR LOCATION)
S	TITUTION D. INSIDE CITY LIMITS?
	inversity Hospital Ballimore YES NO D
	2348 Nortale 3 = 21230
	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years lost birthdow) Months: Doys Hours Min,
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
) (ne during most of working life, even it retired)
3	De fare foverment Valla arollia U.S.
	Calfor mckeather min. 70
S.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
е	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 216-109-8844 Cearl moleshum 2348 Nor Jakks
-	18. / 8.5 X CAUSE OF DEATH BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY
	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE Metastatic disease Syrs. DUE TO, OR AS A CONSEQUENCE OF:
	heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)
	ANTECEDENT CAUSES Carcinoma of prostato
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF
	rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. (C)
Z	. 177× II
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
RTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
ALC	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
S	OF INJURY While At Not While I
	WORK AT WORK
	22. I certify that (I) (this haspital) attended the deceased fram 3 1 68 19 ta 3 3 19 68, that (I) (we) last saw the deceased alive an 3 3 19 68 and that in (my) (our) apinian death occurred an the date
	and haur and from the causes stated above, (I) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Marsers Bulant Very Marser Phys. Attending Med. Director Phys. Director Phys. J 3. 3. 68
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	Rogers Person DEGREE
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stote)
	Buria 3/7/68 mt Cuburn, Baltumore May
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	Marles a fice college



D. 243 68-2552

BALTIMORE CITY HEALTH DEPARTMENT

. I fined				00	0
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	55	2

	- Cu	MEDI	CAL	EXAMINER'S	CERTIFIC	CATE	OF DEAT	H REG. NO	68-	2552
I. NAME OF DEC	FACED				II. DATE		1			E.
(Type or Print)		K.		D - CHITETD	2. DATE OF	Known [Day	Year	12:10 P.M
	ILLIAM			De SHIELD	DEATH	Estimoted		,	1968	
FULL NAME OF HOSPITAL	(IF NO		OR INSTIT	UTION, GIVE STREET	3. DATE PRONOL	JNCED DEAL	Monih Mar	ch 2, 1	.968	12:10 P.
OR INSTITUTION	LUTHER	RAN HOSP	ITAL	(DOA)	5. USUAL RI A. STATE	Maryla	_	B. COUNTY	n: residence	before odmission)
6. SEX	7. RACE	В	MARRIE	D NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	0
Male	Negr		VIDOWE	_		timore		1 ,	YES 🗌	но 🗆
9. DATE OF BIRTH 2/14/57		10. AGE (In y lost birthdoy)		f Under 1 Yr. If Under 24 Hrs. lanths, Days, Hours, Min.		Winches	R ster Stre	et		
Baltimo Kenney	re in foreign	arylan	d '	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	y Gatl	in			
	PATION (GIV	e kind af wark 14	B. KIND (OF BUSINESS OR INDUSTR			NAME Shield	THE		
16. WAS DECEASE	D EVER IN	II S APMED E	ORCES?	17. SOCIAL	18. INFORM		/50.24		ADDRESS	
(Yes, na or unknown)	(If yes, give	war or dotes af	service)	SECURITY NO.			ige 2819			r St.
19.	16			CAUSE OF DEA					A	APPROXIMATE INTERVAL
2 6 0				Acute Pe	ritonit	ie			BET	WEEN ONSET AND DEAT
	LEADING TO	OTTO N DIRECT D DEATH	LY			10				
(This daes no	at mean the	made of dying		(A)!MMEDIATE	AS A CONSEQ	UENCE OF:	arries del 10° dereferate del servido derefe de sinciale dels des des			
		:, It meons the di ch caused death								
				Perfo	ration	of Gang	renous L	oon how	reī	
	NTECEDENT OR CONDITI	ONS, IF ANY, O	SIVING	IBI	AS A CONSE	_	,			************
RISE TO THE	ABOVE CA	USE (A) STATIN	IG THE	Inter	tinal o	hetruct	ion by a	dhesion		
Z	G CONDII	IOI4 LASI,		(c) III Les	LIHAI O	DBLIGCE	Ton by a	GIICBIOII		namelle sale elle sincelleler sels var Elle Elle dereller siet sen mannen sels elle siet que mes El
O THE DEA	TH BUT NO	II NDITIONS CON TRELATED TO TH GIVEN IN PAR	E TERMIN					***************		
20A. DATE OF				OR WHICH OPERATION W	AS PERFORM	NED			21. AUTO	OPSY? (Yes ar No)
										Yes
O HAIDERIVING		ITRIB-	22 h	2B. PLACE OF INJURY(e.g. ame, farm, foctory, street, affi	, In or obaut 2 ce bldg., etc.)	2C. WHERE	DID (If in Boltimo UR?	ore City, give e	xoct locotian)	
UTING CA		Day) (Yeor)	(Hour)	22E, INJURY OCCURRED	2	2F. HOW DI	D INJURY OCC	UR?		
OF INJURY (APPROX.)	,	(,337,	m	WHILE AT NO	T WHILE					
23.		.11			. 5	Lilia	at a second	- C - d		
	ify that I h		uiry L			diam'r	on this basis,			
result	ed from: N	lotural couse	s X	Accident Suici			Undeterm	ined manner		
ACTUAL SIGNATU	IRE ()	well	nk	who ha	ASSI		CAL EXAMINER	X		DATE SIGNED
EXAMINI NAME (T	ER'S ype)		N. 1	Kornblum, M.D.	ASSC		CAL EXAMINER			3-3-68
24A. BURIAL CREM REMOVAL (Specif Burial		2/6/68	3	Mt. Auburn	or CREMATO	DRY	Baltin		wn, or county	_
25A. DATE REC'D	BY HEALTH			ME OF REGISTRAR	250	FUNERAL DI	RECTOR		ADDRESS	
	MAR 5	1968	00	F. C. J. D. W.						arre St.

VS 151-REV. 1/1/6B

Saltimore

2/14/57

bondy balling baryland

Henny Datlin

Geneva DeShield

Lekey Savege 2819 Windowster DV.

graduk .tm 55/8/3 farms

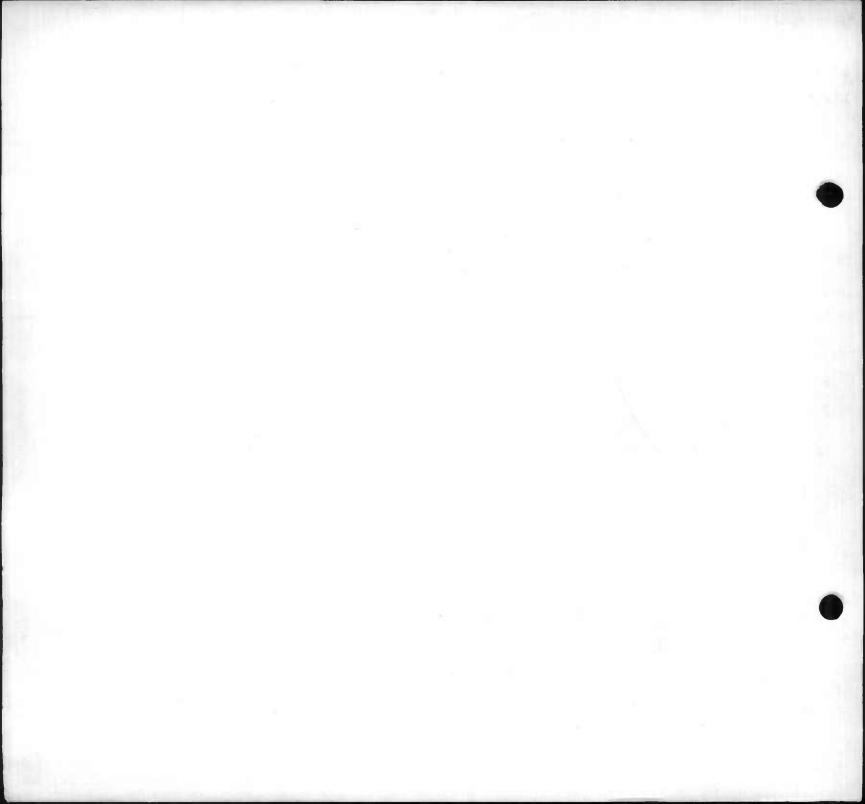
Baltimore, Mary ...

Carles A. Hoe odl W. meires

BALTIMORE CITY HEALTH DEPARTMENT 68-2	553
BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered No.	OU/O
1. NAME OF DECEASED BROW, MARY Barreller 2. DATE AND HOUR OF DEATH 17/190 OF PRINTS OF DEATH 12-21/14	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residen A. STATE B. COUNTY	ce before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITT OR TOWN (If outside city limits, write RURAL and give	township)
SINAL HOSPITAL OF BALTIMORE BUILDING GIVE location)	11 114
5, SEX 6, RACE 7. MARRIED, NEVER MARRIED B, DATE OF BIRTH 19, AGE (In years I f Under) Y	. If Under 24 Hrs.
F Negro WIDOWED, DIVORCED (specify) Unlemm (lost birthday) Months Doys	Hours Min,
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT CO W	
13. FATHER'S NAME	e' F.
John Boardley Magina Downe	0
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. Ware 17. INFORMANT ADD 17. INFORMANT 27. 35	Cy Olyman Co
CAUSE OF DEATH	VAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Sheele intriling objects	1 He las
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused deoth.)	
ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving	
rise to the obave cause (A) stating the UNDERLYING CONDITION last.	A & A & A A A A A A A A A A A A A A A A
75/X II S OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CONCENTRY heart failure	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	SIDERED H?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR?	ct locotion)
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not While Not Work At Work	
22. I certify that (I) (this hospital) attended the deceased from 2/26 1968 to 4 Mar	19.68
that (1) (we) lost sow the deceased alive on 4 May (2), 20 Mm.) 1968 and that in (my) (our) opinion death of	curred on the dote
ond hour ond from the couses stated obove. (1) (We) (did) (did not) view the body ofter death. 23A, SIGNATURE [23B, DATE SIGNATURE]	NED
Phys. Attending Med. Director Phys. & Allending Director Phys.	
23C. PHYSICIAN'S) 23D. ADDRESS	
EULOGIO C. BON SUKAN M.D. SINAI HOSP. BALLIMORA	=
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Town, or coursely)	(Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF AEGISTRAR 25C. FUNERAL DIRECTOR	DDRESS
25A. DATE REC'D'BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR (1) 25C. FUNERAL DIRECTOR (1) CAULES a Pice 66CW B	arre sp

W 150-REV. 1/1/85

6



cause of death

contributing

Also, if the direct or

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

written approval must be obtained before the remains are embalmed or final disposition is made.

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical

68-	2554
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REG. NO._

68-	2554

ADDRESS

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)			OUR OF DEATH	
James Well'or	d (Nixon) Nich	olson March	4, 1968	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	SNOUNCED DEAD	A. STATE B. COUNTY		Aution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN		CITY LUMBER
INSTITUTION				CITY LIMITS?"
		Baltimore E. STREET AND NUMBER	Y	FE NO
1338 Argyle Ave		1338 Argyle	Ave.	
S. SEX 6. RACE 7. MARE	RIED NEVER MARRIED			If Under 1 Yr. If Under 24 Hrs.
M C. WIDON		9/23/01	66	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	:ountry)	12. CITIZEN OF WHAT COUNTRY?
Freight Helper		Maryland		U.S.A.
13. FATHER'S NAME	-	14. MOTHER'S MAIDEN NAME		
Louis Nicholson		Helen		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no.		Helen Parron	1338 Argy	le Ave.
18. 440 0 1	CAUSE OF DEAT		112 01	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		77	1	BETWEEN ONSET AND DEATH
LEADING TO DEATH		Kar bracks	a 1. Toule	H X
(This does not mean the mode of dying,	(A) IMMEDIATE CA		y years	
heart foilure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
injury or complication which caused death.)	11-		man.	
ANTECEDENT CAUSES	100 (801)	W scores	Calle	
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR A	S A CONSEQUENCE OF:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
rise to the above cause (A) stating	fhe 11	THE CONNER TO	*	-
UNDERLYING CONDITION last.	(c) 100 ff	2,700000		
- 450.0 II	7			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
TO THE DEATH BUT NOT RELATED TO THE TERMII	NAL		***************************************	
198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?		
D 21 D. TIME (Month) (Dov) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			/ _
(ATTROM)	Work L At Work		1 2/11	168
22. I certify that (I) (this haspital) attend	led the deceased fram	19/2	20 to 741	19
that (I) (we) last saw the deceased alive	0		n(my) (aur) apînic	an death accurred an the date
and have and from the causes stated abay	re. (We) Adjd) (did nat)	view the bady after death.		
23A. SIGNATURE	14/1/		23	3B. DAJE SIGNED
- VILLOLO	/ I / nl	hending Med. Staf ys. Director Phy		3/4/68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		6
NAME (Type SBOREITS)	cel	6011114	Ww M	Jel417 4
24A. BURIAL CREMATION, 24B. DATE 24	IC. NAME of CEMETERY OF CR		TION (City,	town, or county) (State)
REMOVAL (Specify)				
Runiol Mon O 104	A 14 / 199 /	Mam Damle Amb	stra Ma	

2SC. FUNERAL DIRECTOR

Charles A. Rice 661 W.

Pare E TON

DEPT.

25A. DATE REC'D BY HEALTH
MAR 5
VS 150-REV. 1/1/68

ING BETTER STORY

TEGL J. J. J. T.

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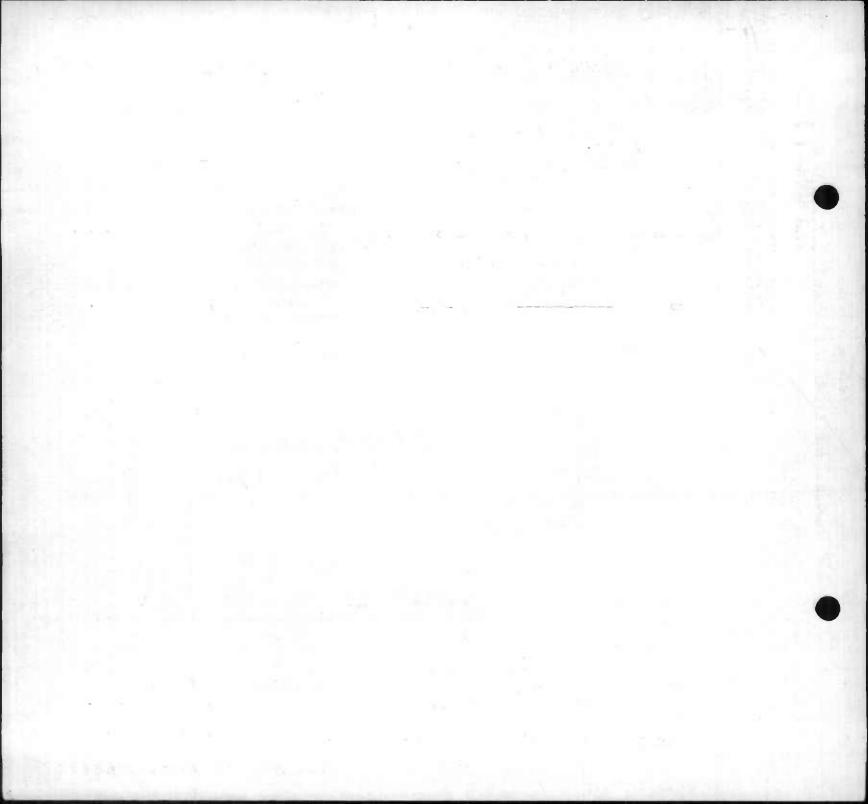
68- 2555

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

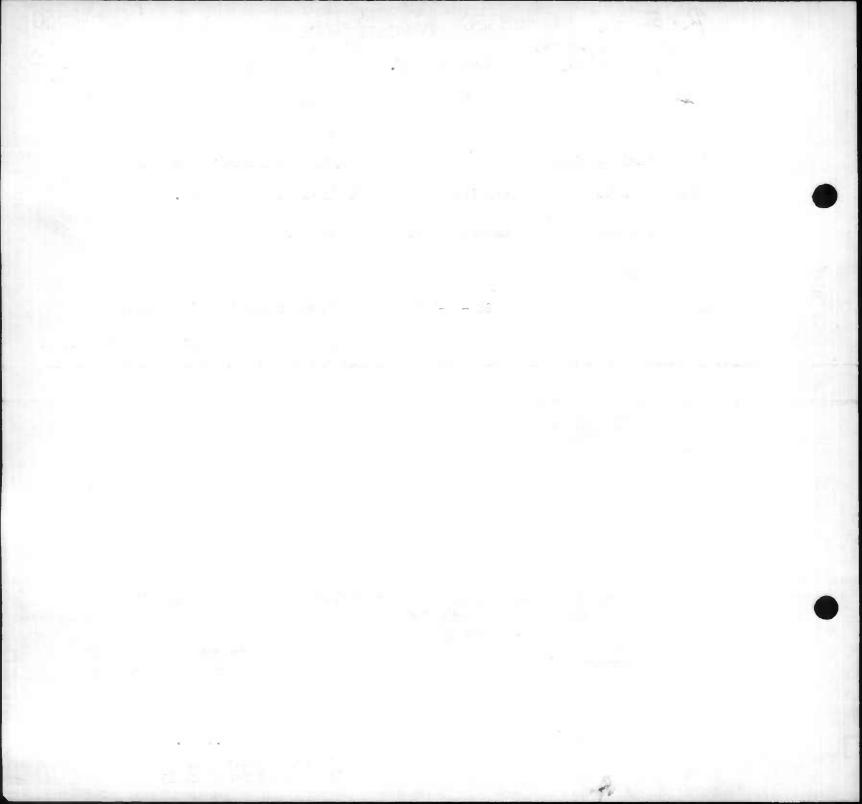
NO.	68-	2555
		0000

1.NA	NO.	EASED DET	LA MOOR	E	TE OI D	2. DATE A	ND HOUR OF	DEATH		. 50
Пуре	or Print)	Dellasus	Moore				3/3/68			10 - p.
	NAME OF	TIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESI	8. COU	ere deceased li- NTY	2 (ituli reside	ence before admissi
HOS	PITAL OR TUTION	ADDRESS OR LOCA	ATION)	OHON, GIVE SIKEEI	C. CITY OR TOV	VN		D. INSID	E CITY LIMITS	5?
114.511	,	BALTIMORE CIT	Y HOSPI	TALS	BALTIM	ORE			YES X	NO
1		4940 EASTERN	AVENUE		E. STREET AND					
1		BALTIMORE, MA		21224	6123 S	HIPVIE	W WAY -	21224		
S. SE	X	6. RACE		X NEVER MARRIED	8. DATE OF BIR	TH	9. AGE (In ye	ors	If Under 1 1 Months: Day	
FI	EMALE	WHITE	WIDOWED		12/24/	/15	lost birthday)		Months	S Hours William
			10B. KIND OF	BUSINESS OR INDUSTRY		-	eign country)		12. CITIZEN	OF WHAT COUN
one (working life, even if retired)	I amal D	-7 44	TEN	INESSEE			U.	S.A.
2 5	Kitch		Lord B	altimore Hote	14. MOTHER'S					
3. 17	ATHER'S NA		CHER L.	MOSES		SWAFOR				
		101	crimite m.	110070						
S. W	as Deceosed	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT	RECOF	DS: Ba	Ltimor	re City	omospital:
	No	, in , cs, give not a con-		259-13-3399	4940 Eas	stern A	venue,	Baltin	nore, M	ld. 21224
1	B. / / . /	9		CAUSE OF DEAT	Н	-				PPROXIMATE INTERVA
	DISEA	SE OR CONDITION DI	RECTLY		0	1	4.		DEIW	EEN ONSET AND DE
		LEADING TO DEATH		(A)IMMEDIATE CAL	15E /16	Durate	n tail	rua.	1	
		nal mean the mode of		DUE TO, OR AS	A CONSEQUENCE	OF:	7-1			
		asthenia, etc. II means nplication which coused		0	l		5			
		ANTECEDENT CAUSES		(h, o)	Fastation (Dr. 2	J a			
				(8)	A CONSEQUENC	F OF	any			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									
1	JNDERLYIN	G CONDITION lost.		(c) Col Clas	ynx					
z	161 X	II	NITBIDLITING		o .		· .			
Ĕ T	O THE DEA	FICANT CONDITIONS CO	HE TERMINAL	70 /	neumm	a a J	4520			
		OPERATION GIVEN IN PAR 198. CON WAS PER	DITION FOR	WHICH OPERATION	NO NO	SY? (Yes or N	10) 20B, IF YES	WERE FI	NDINGS CO SES OF DEA	NSIDERED TH?
AL	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B. ham etc.	PLACE OF INJURY (e.g., ine, form, factory, street, o	n or about 21 C. W ffice bldg., INJUR	HERE DID Y OCCUR?	(If In	Boltimore	City, give ex	oct location)
DIO3	1 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	OW DIO IN	JURY OCCUR			
5	F INJURY	1= -/, 1		ile At 🗀 Not Whil						
-	APPROX.)		Wo							
2	2. I certify	that 🗯 (this haspita	l) attended t	he deceased fram	3/3		19 68 ta		3/3	19 68
t	hat (M (we)	last saw the decease	ad alive an	3/3	19.68	and t	hat in (my) (aur) aplni	ian death a	ccurred an the a
				1) (M2) (did) 00000000000000000000000000000000000						
	3A. SIGNATI			if (are) (ara) gastiation	The wille bear c	arret dediti	•		23 B. DATE SI	IGNED
		1) ~ 1	1	Ath	ending N	Ned.	Shaff To		3/4/	
		Hurd	Jum	- DEGREE Phy	s. D		Staff Phys.		- 4 . 1	00
2	NAME (JUAN_		23D. ADDRESS		-			(1 03001
		DAVID	3 Jus	AN MO, DECORE	4940 Ea:	stern I	Avenue,	Balti	more, N	1d. 21224
24A.	BURIAL CRE		24C. N	AME of CEMETERY OF CR	EMATORY		LOCATION	,	, town, or co	,
	Buria	1	968 CE	DAR HILL	CEMTERY	1	RKHIE	H 16	HWAY	MI
ZSA.				011.6	25C. FUNER	AL DIRECTO) R			ADDRESS
		IAR 5 1968	DO F	E tarbey MA	DIDDE	I RP	as INC 1	800 F	LOME	ARD ST
10	12	A STATE OF THE STA	Morran	۵, ۵۰۰۰	UIFFE	2000	, , , , ,	,	10	7,100
VS 1:	50-REV. 1/1/	68 0.								



the body was released ta the haspital by a medical examiner. Alsa, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written appraval must be abtained before the remains are embalmed ar final dispositian is made. This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and

*	0 52	0 68	2 9	550 BALTIMORE CITY	HEALTH DEPARTMENT	1	68- 2556
BIRT	H NO.	00	9 6	556 CERTIFICA	TE OF DEATH	Registered No.	00 2000
1. N.	AME OF DECEA	(Ranoche)		2, DATE A	ND HOUR OF DEATH	. ^
	e or Print)	can occh	A	PACPH F.		311/68	6:50 P.M.
3. P	LACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. II in	stitution: residence before odmission)
F	ULL NAME OF	(If not in hospital		on, give street	Maryland	Balto	Co. 33-00
	OSPITAL OR	oddress or tocotion	1}		C. CITY OR TOWN (If o	utside city limits, write l	RURAL ond give township)
2	12,				Baltimore D. STREET ADDRESS	frurol, give location)	
1	Sin	ai Hospital			7125 Gough		224
5. S	EX 6	RACE	7. MARR	ED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	(f Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
m	ale	white	m	WED, DIVORCED (specify)	11/26/1890	77 yrs.	Withins Doys Hours Willia
		ATION (Give kind of work	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
_	rane Open		C	ambell & Son	Bruzzi, It	alv	
3. 1	FATHER'S NAME				14. MOTHER'S MAIDEN NA		
R	alph Rane	nechi a					
5. \	Nas Deceased E	ver in U. S. Armed For If yes, give wor or dote	ces?	16. SOCIAL	17. INFORMANT		ADDRESS
n		, 23, give wor or dole	V V1 301410	security No. 216-07-4940	Grace Rano	cchia, wife,	above
	1B. ///	9 1		CAUSE O		^	INTERVAL BETWEEN
		OR CONDITION DIE	RECTLY		le - Dial	Da A	ONSET AND DEATH
		EADING TO DEATH	aluia a	(A) DUE TO	(yseardea)	Legalele	s saley
	heart failure, a	I mean the made of sthenia, etc. It means	the dise		0		0
		licalian which caused NTECEDENT CAUSES		(R)		,	
		CONDITIONS, if		DUE TO	000-40000	= = 00 00 00 00 = = = 00 0 1-1-1-1-1	n (m n n n n n n n n n n n n n n n n n n
	rise to the	above cause (A)			**************************************		
	UNDERLYING	CONDITION last.					
z	420,1	CANT CONDITIONS C	ONTRIBIL	TING			
ATION	TO THE DE	ATH BUT NOT RELA	TED TO				N .
ERTIFICA	19A. DATE OF C		DITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or I	No. 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CE	21 A. ACCIDENT	WAS UNDERLYING		21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	((f in Boltimore	e City, give exact location)
AL		ING CAUSE OF nedicat examiner		home, form, foctory, street, of etc.)	tice bidg., INJURY OCCUR!		
EDIC		Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
ME	(APPROX.)			While At Not While Work At Work			/
	22. I certify t	hat (1) (this hospitol) ottende	ed the deceased from Z	te8168	19 to 3/	1/68- 19
				on 3/1/68	(,	nian death occurred on the date
	and hour and	from the couses stat	red above	e. (I) (We) (did) (did not) v			
	23A. SIGNATUR					House,	23B. DATE SIGNED
	10	teller		M.D. Atte	mding Med. Director	Stoff Phys.	3/1/68
	23C. PHYSICIAN				23D. ADDRESS		7/00
	THE TYPE			M.D.			
24A	BURIAL CREM	ATION, 24B, DATE	240	C. NAME of CEMETERY or CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
	Burial (Sp	3/5/67		Oak Lawn Cemeter	ry	Balto., Md.	
25A	. DATE REC'D	Y HEALTH DEPT.	25B. NAA	AE OF REGISTRAR	Schimunek Fu	OR .	ADDRESS
	MAR 5	1968 Rober	05.	Jankeyma	3331 Brehms	neral Home Lane 2121	3
4.00	100 DEM 1/1//6						



BIRTH NO.	68	- 2557 CE	RTIFICATE	OF DEATH	REG. NO	00 ×	2007
Type or Print)		· RADVII	R	2. DATE AN	A /68		ma
3. PLACE IN B	SEORGE MARYLAND	WHERE PRONOUNCED D	AP 4. US A. ST	UAL RESIDENCE (We	re deceased lived. If i	institution: residence	before admission
PULC NAME C HOSPITAL OR INSTITUTION	P (IF NOT IN HOSP ADDRESS OR LO		-7-68 c. cit	ARYLAND Y OR TOWN ALTIMORE	CITY OF BA	SIDE CITY LIMITS	101
2 THE J	OHNS HOPKINS	HOSPITAL	E. ST	REET AND NUMBER		- /	10
1)	L an as			608 NORTH C			
5. SEX MALE	6. RACE	7- MARRIED X NEVER	MARKIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys	Hours Min.
		WIDOWED		m. 24, 1919	49 yrs	12. CITIZEN OF V	WHAT COUNTE
done during most	of working life, even if retired)			,	***	
Riveter		Glen L. Mar	tin Ar	mapolis, Md	M.E.	U.S.A.	•
	w Barvir			ouise Franc			
15. Was Deceas (Yes, no or unkno	ed Ever in U. S. Armed F	orces? 1 6. SOCIA	AL IT. NO.	ama Barvin	wiferage	ye ADDRES	SS
no		216-07-		lward J. Bar			ve. #24
33/ OTHER SIGN TO THE DE V DISEASE OF	NG CONDITION last. II VIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P.	ONTRIBUTING THE TERMINAL					
	OF OPERATION 198. CO	ONDITION FOR WHICH OF	PERATION 20.	NO	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSID AUSES OF DEATH?	DERED
OR CONTR	DENT WAS UNDERLYING BUTING CAUSE OF ify medical examiner	21 B. PLACE O home, farm, f etc.)	FINJURY (e.g., in or ob- octory, street, office blo	out 21C. WHERE DID	(If in Boltimo	ore City, give exoct to	ocotion)
21 D. TIME OF INJURY (A PPROX.)	(Month) (Doy) (Yeo	r) (Hour) 21E, INJURY (While At Work	Not While At Work	21F. HOW DID IN	URY OCCUR?		
22, I certi	fy that (1) (this hospit	al) attended the decea			19 6 8 . ta	32	19.
that (I) (g	e) last saw the decea	sed alive an	12	19 6 and th	nat in (my) (our) op		
		ated abave. (I) (We) (d	id) (dld nat) view th	_			
23A. SGNA	wan K &	m tuane	Attending Phys.	Med. Director	Staff Physics	23B. DATE SIGNE	68
NAME	(Type)						
	HARRY K. GEN		GEGREE	OHNS HOPKIN			
24A. BURIAL C REMOVA	REMATION, 24B. DATE. (Specify)	24C. NAME of C	GEGREE J	OHNS HOPKIN	OCATION (C	City, town, or county) (Stote)
24A. BURIAL C REMOVAL Burial	REMATION, 24B. DATE (Specify) 3/5/6	58 Bohemia	GEGREE JOERNATO National C	OHNS HOPKIN	Balto., Md.		
4A. BURIAL C REMOVAL Burial	REMATION, 24B. DATE (Specify) 3/5/6 D BY HEALTH DEPT.	24C. NAME of C	GEGREE JOERNATO National C	OHNS HOPKIN	Balto., Md.	e ADD) (Stote)

BALTIMORE CITY HEALTH DEPARTMENT

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a sale team

O THE DEATH BU	T CONDITIONS CONTRIBUTE T NOT RELATED TO THE TERMI ITION GIVEN IN PART 1 (A).				
20A. DATE OF OPER	ATION 208. CONDITION	FOR WHICH OPERATION WAS P	ERFORMED		21. AUTOPSY? (Yes or No
					No
22A. EXTERNAL CAUNDERLYING OR UTING CAUSE OF	CONTRIB-	22B. PLACE OF INJURY (e.g., in o home, form, foctory, street, office bld	g., etc.) INJURY OCCI	OID (If in Boltimore City, give e JR?	xoct location)
OF INJURY (APPROX.)) 22E.INJURY OCCURRED WHILE AT NOT WHILE AT WORK	LE	NJURY OCCUR?	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Werner U. S	Accident Suicide M.D. M.D.	Homicide CHIEF MEDIC ASSISTANT MEDIC ASSOCIATE MEDIC	CAL EXAMINER	DATE SIGNED 3/4/68
24A. BURIAL CREMATION REMOVAL (Specify) Burial	3/7/68	Bohemian Nation		Balto. Md.	wn, or county) (State)
MAR 5 19		AME OF REGISTRAR	Schimune	k Funeral Home Madison Street	ADDRESS 21 205
/S 151-REV. 1/1/68					

VS 151-REV. 1/1/6B

推图 1. 数 4.5 克力与 BH 27 巴马利亚 克拉林 procedure and the complete con-

0

he body was released to the hospital

This certificate

shows: (1) An accident of

approved by

any nature;

(except

hospital

at a prior

D.O.A.

M as

death);

10

deceased

written

BALTIMORE CITY HEALTH DEPARTMENT	1
BIRTH NO. 67-23474 68- 2560 CERTIFICATE OF DEATH REG. NO.	68-2560
1. NAME OF DECEASED (Type or Print) 2 DATE AND HOUR OF DEATH 2 26 8	9 P M
3. PLACE IN BALTIMORE, MARYLAND WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions B. COUNTY	residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MACHINAL OR OF LOCATION INSTITUTION, GIVE STREET	- 152
INSTITUTION YES X	No 🗍
E. STREET AND NUMBER 1828 N. Maunt	57.
5. SEX 6. RACE N 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED DIVORCED 1. 256. 7 last birthday)	nder 1 Yr. If Under 24 Hrs. Doys Hours Min.
dans during most of working life even if rational	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	
Charles Zueen Ethel Symons	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Chart	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying a heart foilure, ostherio, etc. II means the diseoding or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given rise to the above cause (A) storing the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. (IF YES, WERE FINDING NAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. (IF YES, WERE FINDING NAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. (IF YES, WERE FINDING CAUSES OF NO) 20B.	F DEATH?

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR?

19

23D. ADDRESS

and that in (my) (aur) apinian death accurred an the date

21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (natify medical examiner)

21E. INJURY OCCURRED Nat While

21F. HOW DID INJURY OCCUR?

MEDICAL 21 D. TIME OF INJURY (APPROX.)

obtained before

pe

must

approval

(Haur) (Manth) (Day) (Year)

While At Wark At Work

22. I certify that (1) (this haspital) attended the deceased fram_ that (1) (we) last saw the deceased alive an

and haur and fram the causes stated above. (1) (🖾 (did) (did=100) view the bady after death.

Med.

23B. DATE SIGNED

23 C. PHYSICIAN'S NAME (Type)

23A. SIGNATURE

24A. BURIAL CREMATION, 248. DATE

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

19

(City, tawn, or county) (State)

REMOVAL (Specify)

Auburn Cemetry Baltimore

ADDRESS

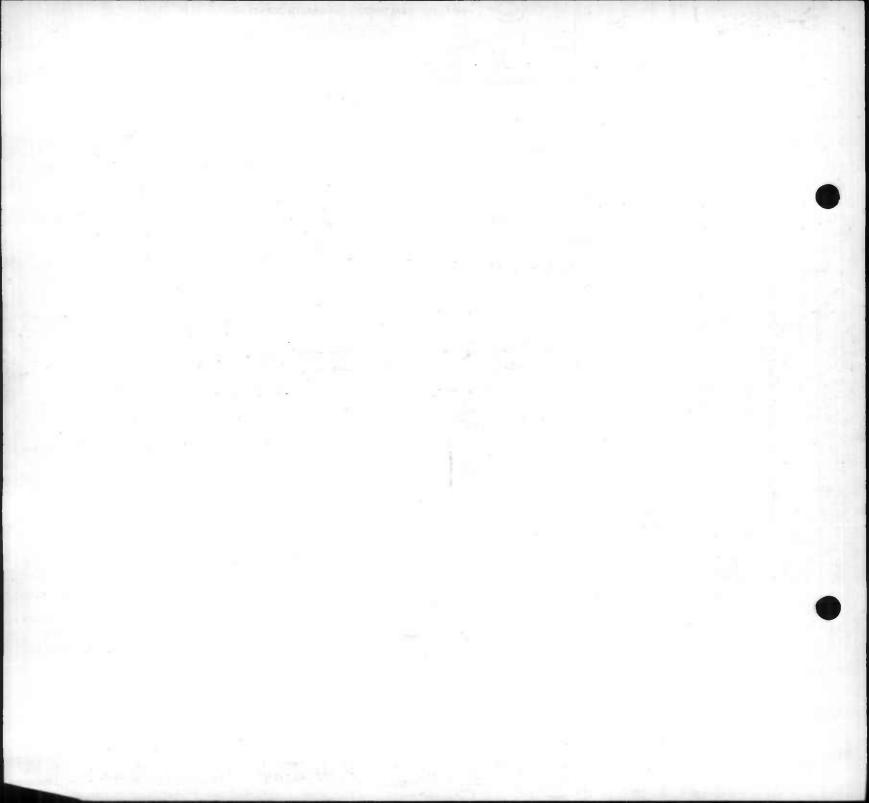
VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

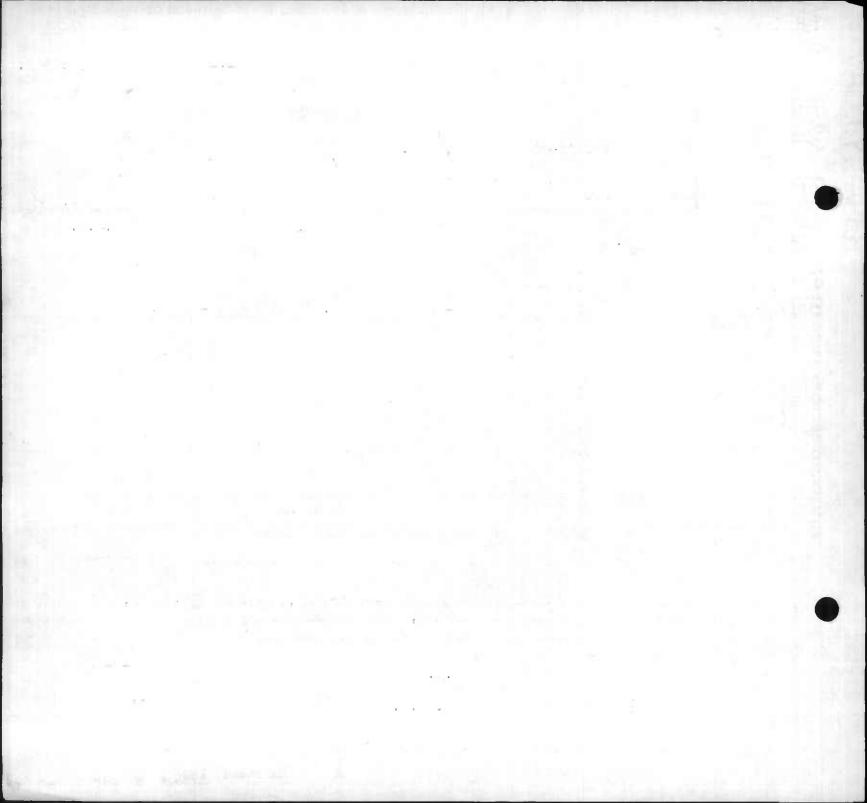
25C. FUNERAL DIRECTOR

Md



Male Negro WIDOWED DIVORCED Iost bightday) Months 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CIT	er 1 Yr. If Unde
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Provident Hospital, Inc. S. SEX OR RACE Negro Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 2573 McCulloh Street S. DATE OF BIRTH 9. AGE (In years Months) Months Months Months 10A. USUAL OCCUPATION(Give kind of work) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	er 1 Yr. If Unde
HOSPITAL OR INSTITUTION Provident Hospital, Inc. Baltimore E. STREET AND NUMBER 2573 McCulloh Street	er 1 Yr., If Unde
Provident Hospital, Inc. Baltimore E. STREET AND NUMBER 2573 McCulloh Street S. SEX O. RACE Negro WIDOWED DIVORCED TOA. USUAL OCCUPATION (Give kind of work) done during most of working life, even if refired) NEWER MARRIED DIVORCED TOA. USUAL OCCUPATION (Give kind of work) done during most of working life, even if refired) Provident Hospital, Inc. Baltimore E. STREET AND NUMBER 2573 McCulloh Street Nonthis Vianthylogy Vianthylogy Virginia 12. CITI Virginia 14. MOTHER'S MAIDEN NAME Provident Hospital, Inc. 15. MARRIED NEVER MARRIED Nonthylogy Virginia 16. MOTHER'S MAIDEN NAME Provident Hospital, Inc. 17. MARRIED NEVER MARRIED Nonthylogy Nont	er 1 Yr If Under
S. SEX 6. RACE Negro Never Married B. Date of Birth 9. AGE (In years Months) Negro Never Married Negro Never Married Negro Never Married New Months New Months Negro Never Married New Months Ne	er 1 Yr. If Unde Doys Hours
Male Negro WIDOWED DIVORCED 103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ?	er 1 Yr. If Undo Doys Hours
done during most of working life, even it retired) ? 13. FATHER'S NAME ? 14. MOTHER'S MAIDEN NAME ?	
3	U.S.A.
15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT	
(Ver as as unknown) (If was give was as dates of source)	ADDRESS
(Yes, no or unknown) (If yes, give was or dates of service) SECURITY NO. 212-20-3038A Mrs. Pearl Coles -Friend	SAME
18. 4 2 7 CAUSE OF DEATH	APPROXIMATE I
UNDERLYING CONDITION Tost. 43 4 / II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 10 CERTIFYING CAUSES OF	S CONSIDERED
MO YES	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) (If in Boltimore City, give bldg., INJURY OCCUR?	ve exoct location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 21 E. INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from February 23, 1968 to March 2,	19
that (1) (we) lost sow the deceased alive on March 2, 19 68 and that In(my) (our) opinion decond haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death.	oth occurred or
23A. SIGNATURE 23B. DA	-2-68
M.D. DEGREE Phys. Director Phys.	4
M.D. DEGREE Phys. Director Phys. A 23C. PHYSICIAN'S NAME (Type) DR. AHSAN SAEED KHAN M.D. Phys. Director Phys. A 23D. Address 1514 Division Street Balto., 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town,	

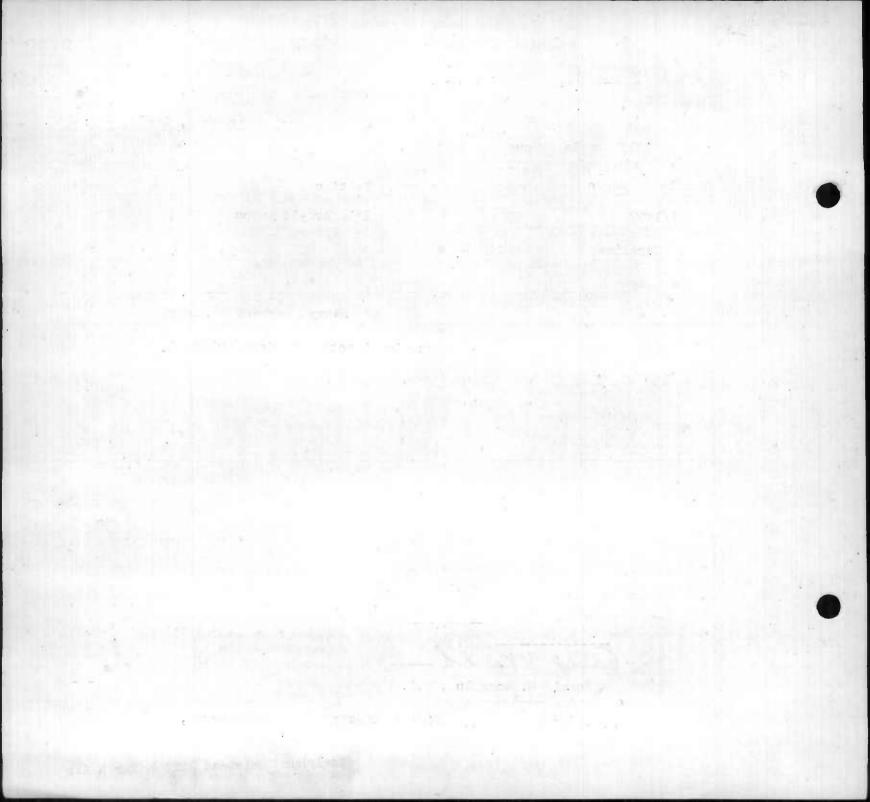
NGS CONSIDERED give exact location) 1968 deoth occurred on the dote DATE SIGNED , Maryland vn, or county) (Stote) Cemetry A ADDRESS Halstead VS 150-REV. 1/1/6B



7-1520

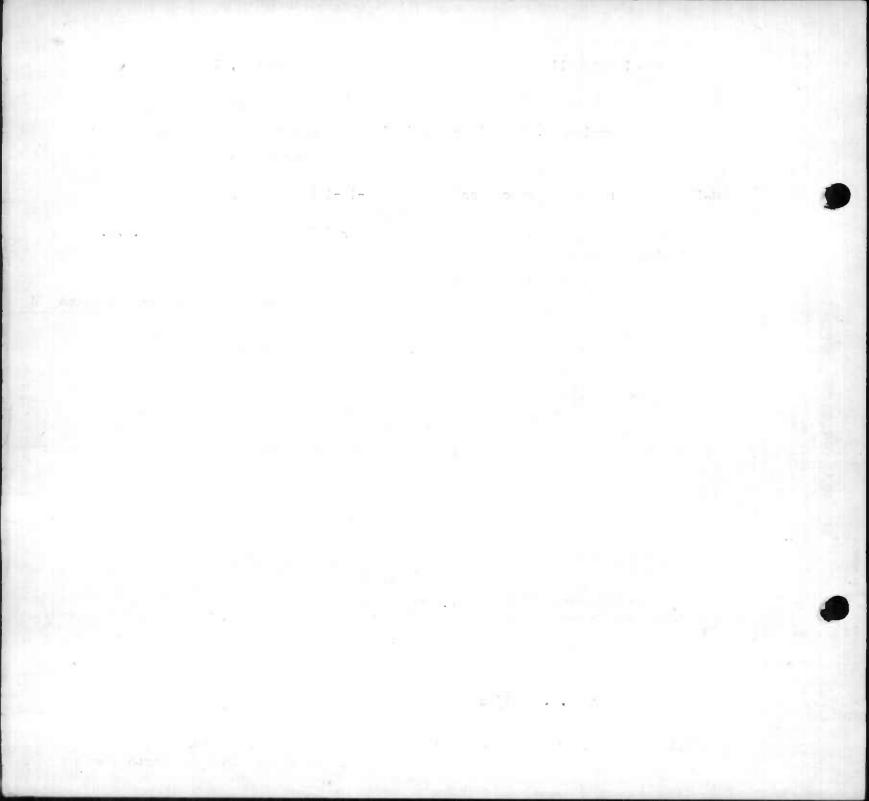
68- 2562 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 2562
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) CARRIE B. THOMAS	2. DATE Known Manth Day Year Haur A OF DEATH Estimoted March 2, 1968 4:00 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 2, 1968 4:00 A. M.
1312 Argyle Avenue	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	Maryland C. CITY OR TOWN D. INSIDE CUY LIMITS?
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Female Negro WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
5/1897 lost birthdoy) 80 Months Doys Hours Min.	1312 Arqyle Avenue
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHATCOUNTRY?	13. FATHER'S NAME
2 Calaring	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
OLd Age 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	MR Henry Herbert , same
19. / CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Arterio	sclerotic Cardiovascular Disease
DISEASE ON COMMINION DIRECTLY	
(A)IMMEDIATE	AS A CONSEQUENCE OF:
heort failure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	A.C. A. C. O.M. C. O.M. C. C. M. C.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I INDERLYING CONDITION LAST.	
E 4221 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OF THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
8	No
Z22A. EXTERNAL CAUSE WAS Z2B. PLACE OF INJURY (e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB. UTING AUSE OF DEATH.	ce bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) m. WORK AT	T WHILE WORK
23.	utopsy ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suici	de Homicide Undetermined manner
DANK O	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE World MKanbu M.	ASSISTANT MEDICAL EXAMINER 🔛
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 3-2-68
NAME (Type)	CONTRACTORY AND LOCATION (C)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) 3 8/68 M Auburn	Cemetry Bultimore M (Stote)
REMOVAL (Specify) 3 8/68 68 M Auburn	, Me
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
MAR 5 1968 P. D. A. E. Fallowers	Adelphus Halstead 1206 W North Ave
Albada at central	TOO M NORTH AVO
VS 151-REV. 1/1/68	



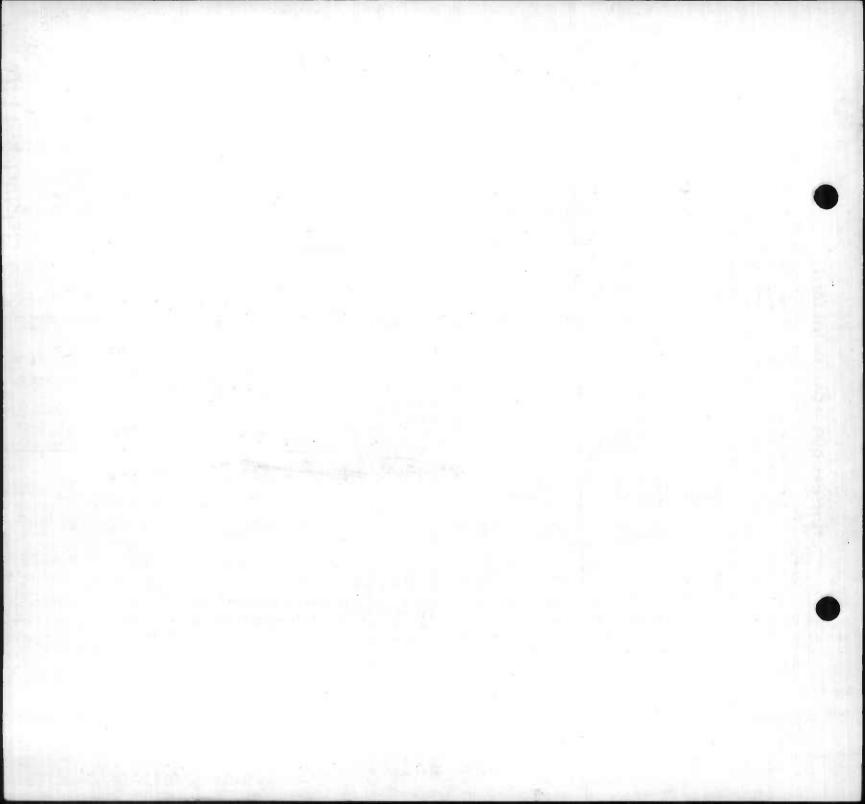
	F DECEASED		3 CERTIFICA		D HOUR OF DEATH	1 - 1 0 1
ype or Pn	Samuel Satchell			Marc	h 4, 1968	11/1291
TENCE	AME OF (If not in hospital	or institution, gr	ve street	4. USUAL RESIDENCE (Wher A. STATE 8. COUN Md	e deceased lived. II i	nstitution: residence before admissi
INSTITUT	TION		iary Hospital		side city timits, write	RIVAZI and give (ownship)
70	X			954 Forest	st St	10.00
sex Male	6. RACE	Never M		2-13-1914	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 h Months: Days Hours Min.
	OCCUPATION (Give kind of work most of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
F	ireman			Virginia		U.S.A.
	lliam Satchell			Mary	AE	
	ecoased Ever in U. S. Armed Fa		1 6. SOCIAL	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , ,	55 0. SULVICO/	SECURITY NO.	Miss Anni	e Satchell	2320 McCulleh S
18.	11.9 1		CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY	0			ONSET AND DEATH
	LEADING TO DEATH		(A) / C'L	MONARY TUBER	PCULOSIS	20+ years
	daes not mean the made af		DUE TO		**************************************	
board						
	failure, asthenio, etc. II meons or complication which coused					
		deoth.)	(8)			.,
injury	or complication which coused ANTECEDENT CAUSES	d deoth.)	(8) DUE TO			.,
DISEA	or complication which coused	d deoth.) S any, giving	DUE TO			.*
DISEA rise	or complication which coused ANTECEDENT CAUSES ASES OR CONDITIONS, if	d deoth.) S any, giving	(8)			
DISEA	ANTECEDENT CAUSES ANTECEDENT CAUSES (SES OR CONDITIONS, if In the obave cause (A) (RLYING CONDITION last.	d deoth.) S any, giving	DUE TO			
DISEA rise UNDE	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION last. R SIGNIFICANT CONDITIONS (C)	any, giving stating the	(C)			
DISEA rise UNDE	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if la the obave cause (A) ERLYING CONDITION last.	d deoth,) any, giving stating the CONTRIBUTING	(C)			
DISEA rise UNDE OTHER TO TO TO DISEA	ANTECEDENT CAUSES ANTECEDENT CAUSES (SES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION last. (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	any, giving stating the CONTRIBUTING ATED TO THE IT.	(C)	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEA rise UN DE TO THE T	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION last. A	any, giving stating the CONTRIBUTING ATED TO THE IT.	(C)	20 A. AUTOPSY? (Yes or No for about 21 C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact tacation)
DISEA rise UNDE UNDE UNDE UNDE UNDE UNDE UNDE UNDE	ANTECEDENT CAUSES ANTECEDENT CAUSES ASSES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION Inst. R SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT REL. ASSE OR CONDITION CAUSING ATE OF OPERATION 198. CON WAS PER CCCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF Inotify medical examiner) ME (Month) (Day) (Yeor)	any, giving stating the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED 218, 1 hame etc.)	(C)	or about 21C. WHERE DID	(If in Sollimon	AUSES OF DEATH?
DISEA rise UNDE UNDE UNDE UNDE UNDE UNDE UNDE UNDE	ANTECEDENT CAUSES ANTECEDENT CAUSES ASSES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION last. R SIGNIFICANT CONDITIONS (THE DEATH BUT NOT RELISE OR CONDITION CAUSING ATE OF OPERATION 198. CONDITIONS (WAS PER ONTRIBUTING CAUSE OF Innotify medical examiner) ME (Manth) (Day) (Year) ME (Manth) (Day) (Year)	any, giving stating the CONTRIBUTING ATED TO THE INDITION FOR WIFORMED 21B. I harmonic etc.) (Hour) 21E. While	PLACE OF INJURY (e.g., in form, foctory, street or INJURY OCCURRED e At Not While	1 of obout 21 C. WHERE DID INJURY OCCUR?	(If in Sollimon	AUSES OF DEATH?
DISEA rise UNDE UNDE UNDE UNDE UNDE UNDE UNDE UNDE	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION last. R SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELA USE OR CONDITION CAUSING ATE OF OPERATION 198. CON WAS PER CCIDENT WAS UNDERLYING ON TRIBUTING CAUSE OF I (notify medical examiner) ME (Month) (Day) (Year) MEY (Month) (Day) (Year) MEY (Month) (Day) (Year) MEY (Month) (Day) (Year)	any, giving stating the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED 218. I hame etc.) (Hour) 21E. Whill Work	PLACE OF INJURY (e.g., in form, foctory, street of INJURY OCCURRED OCCURRE	21 C. WHERE DID INJURY OCCUR?	(If in Solimon	re City, give exact facation)
DISEA iise UNDE	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION last. R SIGNIFICANT CONDITIONS (THE DEATH BUT NOT REL. SE OR CONDITION CAUSING ATE OF OPERATION 198. CON WAS PER CCIDENT WAS UNDERLYING DATE OF OPERATION CAUSING ONTRIBUTING CAUSE OF I (notify medical examine) ME (Month) (Doy) (Yeor) JURY DX.) certify that (I) (this hospito	any, giving stating the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED 218. I hame etc.) (Hour) 21E. While Work	PLACE OF INJURY (e.g., in, form, foctory, street, or injury OCCURRED e At At Work	an or about 21 C. WHERE DID INJURY OCCUR?	(If in Sollimon	AUSES OF DEATH?
DISEA iise UNDE	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION last. R SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELA USE OR CONDITION CAUSING ATE OF OPERATION 198. CON WAS PER CCIDENT WAS UNDERLYING ON TRIBUTING CAUSE OF I (notify medical examiner) ME (Month) (Day) (Year) MEY (Month) (Day) (Year) MEY (Month) (Day) (Year) MEY (Month) (Day) (Year)	any, giving stating the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED 218. I hame etc.) (Hour) 21E. While Work	PLACE OF INJURY (e.g., in, form, foctory, street, or injury OCCURRED e At At Work	21 F. HOW DID INJ	URY OCCUR?	NUSES OF DEATH? THE City, give exact facation)
DISEAN ISSE UN DE CONTROL OF INJUNE CAPPER C	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION last. R SIGNIFICANT CONDITIONS (THE DEATH BUT NOT REL. SE OR CONDITION CAUSING ATE OF OPERATION 198. CON WAS PER CCIDENT WAS UNDERLYING DATE OF OPERATION CAUSING ONTRIBUTING CAUSE OF I (notify medical examine) ME (Month) (Doy) (Yeor) JURY DX.) certify that (I) (this hospito	any, giving stating the CONTRIBUTING ATED TO THE IT. WIFORMED 21B. I hame etc.] (Hour) 21E. Whil. Work	PLACE OF INJURY (e.g., in form, foctory, street on the str	21F. HOW DID INJ	URY OCCUR?	NUSES OF DEATH? THE City, give exact facation)
DISEAN ISSE UN DE VINCE DE ATHER DE VINCE DE VIN	ANTECEDENT CAUSES ANTECEDENT CAUSES ASSES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION Inst. R SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT REL. ASSE OR CONDITION CAUSING ATE OF OPERATION 198. CON WAS PER CCCIDENT WAS UNDERLYING ON TRIBUTING CAUSE OF Inotify medical examiner ME (Month) (Day) (Year) JURY OC. (Oct.) Certify that (I) (this hospito	any, giving stating the CONTRIBUTING ATED TO THE IT. WIFORMED 21B. I hame etc.] (Hour) 21E. Whil. Work	PLACE OF INJURY (e.g., in form, foctory, street on the str	21F. HOW DID INJ	URY OCCUR?	NUSES OF DEATH? THE City, give exact facation)
DISEAN ISSE UN DE VINCE DE ATHER DE VINCE DE VIN	ANTECEDENT CAUSES ANTECEDENT CAUSES ASSES OR CONDITIONS, if In the obave cause (A) ERLYING CONDITION Inst. R SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT REL. ASSE OR CONDITION CAUSING ATE OF OPERATION 198. CON WAS PER CCCIDENT WAS UNDERLYING ON TRIBUTING CAUSE OF Inotify medical examiner ME (Month) (Day) (Year) JURY OX.) Certify that (I) (this hospito I) (Ye) lost saw the decease our and from the couses sto	any, giving stating the CONTRIBUTING ATED TO THE IT. WIFORMED 21B. I hame etc.] (Hour) 21E. Whil. Work	PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred at Work edeceased from two did in the control of the contr	21F. HOW DID INJ	URY OCCUR?	re City, give exact location) 19 (2) Inion death occurred an the control of the
DISEA rise UNDE UNDE UNDE UNDE UNDE UNDE UNDE UNDE	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) In the obav	any, giving stating the CONTRIBUTING ATED TO THE IT. WIFORMED 21B. I hame etc.] (Hour) 21E. Whil. Work	PLACE OF INJURY (e.g., in, form, foctory, street of INJURY OCCURRED At Work edeceased from (We) (did) (did not) while M.O. Att. Phy	21F. HOW DID INJ	URY OCCUR?	re City, give exact tocolion) 19 (2) Inion death occurred an the
DISEA rise UN DE VINCE TO THE TO	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) In the	any, giving stating the CONTRIBUTING ATED TO THE IT. NOTION FOR WIFORMED 218. (home etc.) (Hour) 21E. Whill Work 1) ottended the ed alive on	PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred at Work edeceased from	21F. HOW DID INJ	URY OCCUR?	re City, give exact facation) 19 19 10 inion death occurred an the
DISEA rise UN DE VINCE TO THE TO	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) In the	any, giving stating the CONTRIBUTING ATED TO THE INDITION FOR WIFORMED 21B. I hame etc.) (Hour) 21E. While Work I) ottended the ed alive on	PLACE OF INJURY (e.g., in form, foctory, street on the form). INJURY OCCURRED e At Not While Al Work e deceased from	21F. HOW DID INJ	URY OCCUR?	re City, give exact tocolion) 19 (2) Inion death occurred an the
DISEA rise UNDE UNDE UNDE UNDE UNDE UNDE UNDE UNDE	ANTECEDENT CAUSES ANTECEDENT CAUSES ASES OR CONDITIONS, if In the obave cause (A) In the	any, giving stating the CONTRIBUTING ATED TO THE INDITION FOR WIFORMED 21B. I hame etc.) (Hour) 21E. While Work I) ottended the ed alive on	PLACE OF INJURY (e.g., in form, foctory, street, or injury occurred at Work edeceased from	21F. HOW DID INJ	IN CERTIFYING CA	re City, give exact facation) 19 19 10 inion death occurred an the

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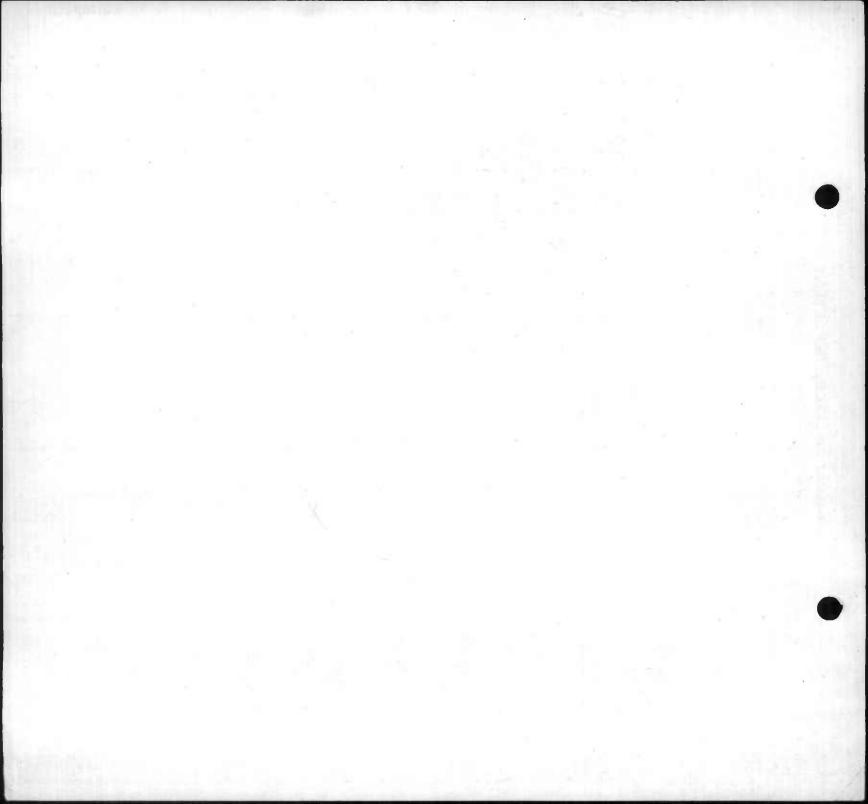
wos D.O.A. at o hospital (except where the physician who pronounced death wos in regular ottendance on the deceased prior to death); and (6) No physicion was in regulor attendonce on the deceased prior to deoth. Such written opprovol must be obtained before the remains are embalmed or final disposition is mode. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

0003	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2564
C-623 68-2	564 CERTIFICA	TE OF DEATH	REG. NO	00 2004
1. NAME OF DECEASED	10011	AL A LE DATE AN	D HOUR OF DEATH	
(Type or Print)	VION	WITH MA	13/11/2 6	191 P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	A. STATE B. COUN	e deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	1 CV /1	1	11-00
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	CITY LIMITS?
42 0		E. STREET AND NUMBER	40	YES NO 7
JINAI HOSL		2-1105-911	How Cha	
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years)	If Under 1 Yr. , If Under 24 Hrs.
WIDON		nov. 1 1924	lost birthday)	Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, eyen if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Hamenakle .		LACI	0,1900	1
13. FATHER'S NAME	/	14. MOTHER'S MAIDEN NAM	AE /	/
Henry Smit	h		?	
15. Was Deceased Ever in U.S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2.2	ADDRESS
no	211-24-6210	Henry (11	ston a	2005 Attillaine
18. 423 X I	CAUSE OF DEATH	1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		CAMIALAM	out	DET WELL GIVE AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	e.g., (A)IMMEDIATE CAU	A CONSEQUENCE OF:	eve	
heort foilure, asthenia, etc. It meons the dise injury or complication which caused death.)		A CONSEQUENCE OF:	-111	
ANTECEDENT CAUSES	(A)	MIMMIMM	7/1/1/1	
DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:	wood all	U/ 1/1/1/11
rise to the above couse (A) stating UNDERLYING CONDITION (as).	the (c)	S dumable-in	wia 2 to	'Un Stack
422.2	(0)		- 11-	10
O THER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (a).			1910. Hupe	MAMORIL
	7	PHOWV 3	The first	V Y Y 4 4 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltima	re City, give exact lacotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		
21D.TIME (Manth) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S (A PPROX.)	While At Not While At Work	°	16	11 2 10
22. I certify that (I) (this haspital) attend		The state of	0/1/10/	10 10
that (1) (we) last saw the deceased alive	4 6	My	t in (my) (que) ani	inion death accurred an the date
and hour and fram the causes stated above			(,, (===, ===	
23A. SIGNATURE				23B. DATE SIGNED
1 / SUVII WAND	//// Dhu	nding Med.	Staff Phys.	
23C. PHYSICIAN'S	AL DEGREE	23D. ADDRESS		
TT BURNETH	PKA // DEGREE			
24A. BURIAL CREMATION, 24B DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	CATION (C	ity, town, or county) (Stote)
Burial 13/9/68	nt Cuchus	n Cem 1	Salta.	mel.
25A. DATE REC'D VANEALTH DEPT 68 25A NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	10	ADDRESS ADDRESS
060	an C. Valley Mil	East Gils	new -180	Whole are
VS 150-REV. 1/1/6B				



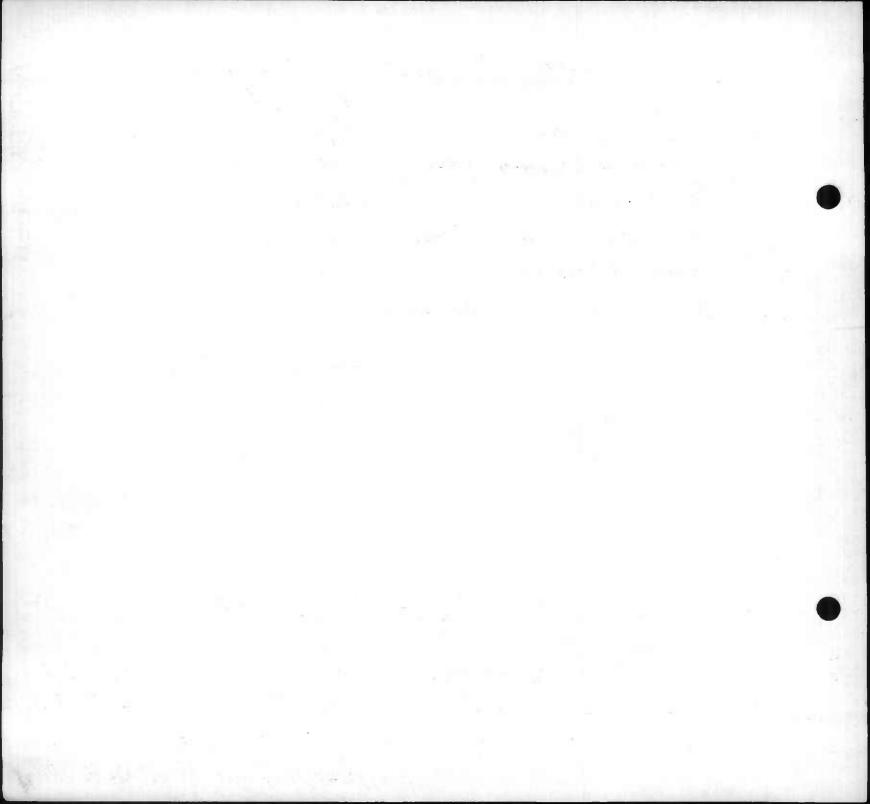
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner—Alsa, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance an the deceased priar ta death); and (6) Na physician was in regular attendance on the deceased priar ta death. Such written apprayal must be abtained before the remains are embalmed ar final dispasition is made.

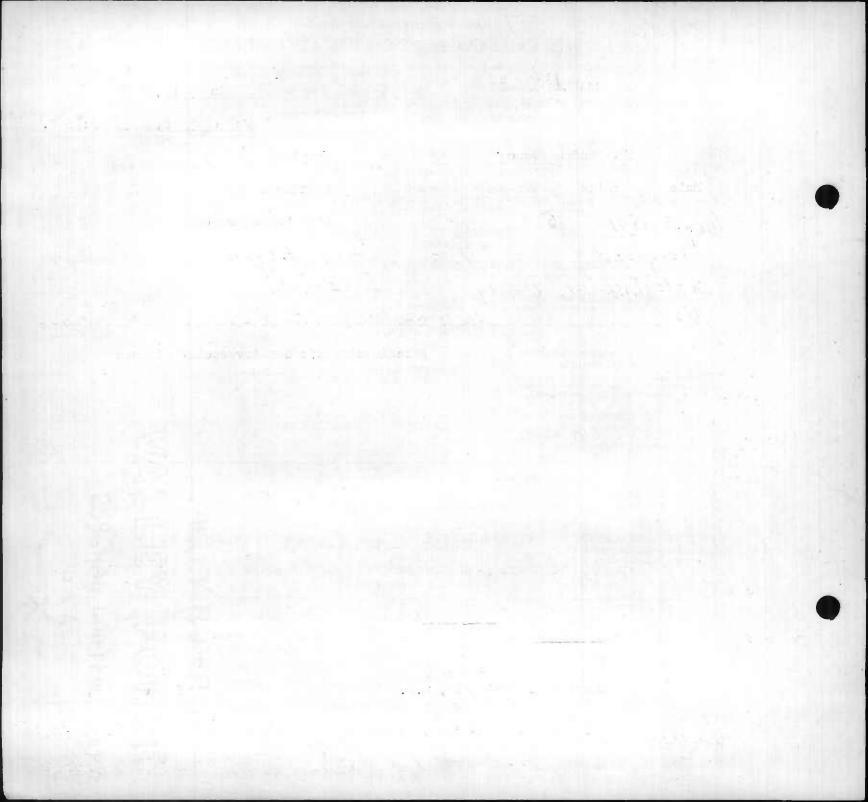
7-260		TY HEALTH DEPARTMENT	6	8 2565
BIRTH NO.	565 CERTIFICA	ATE OF DEATH	REG. NO.	0 2000
1. NAME OF DECEASED (Type or Pant) Rohent	Tucker	2. DATE AN	2-18-68	1 5:00 A.N
3. PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	lution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	c. City or town y la	Nd D. INSIDE	2/2 393-0
43	0 111	E. STREET AND NUMBER	E 1	res 🛛 . No 🗌
South Baltimore	SENEral Hos		DEST	it.
, , , , , , , , , , , , , , , , , , , ,	WED DIVORCED	5-11-1889	ost birthdoy) 78.	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIN done during most of working tife, even if retired)	RELITED.	RY 11. BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	1001102	14. MOTHER'S MAIDEN NAM	A E	F 515 09
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no oi unknown) (If yes, give wor ar dates of sen	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18.485	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		R-1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA		reunong	
(This does not mean the made of dying, heart failure, asthenia, etc. II means the dis-		S A CONSEQUENCE OF:		4 15 15
injury or complication which coused death.)				
ANTECEDENT CAUSES	(8)	AS A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, g rise to the obave cause (A) stating	the	TO A CONSEQUENCE OF.		
UNDERLYING CONDITION lost.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	JRY OCCUR?	
(APPROX)	While At Not WI			
22. I certify that (+) (this haspital) attend		A 147	9 68 to 6	7-18 1968
that (# (we) last saw the deceased alive				on death accurred an the dat
and haur and from the causes stated abo			(44)	
23A. SIGNATURE	(1) (110) (010) (010 1101)	view the bady difer dedill.	2	3B. DATE SIGNED
(amile C) sale	LAME 27 - 1. 17/ 101	ttending Med. Director	Staff Phys.	2-10 68
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESSTOMV I	ROARD OF !	MARVIAND
RAME (Type) Bal.	2.:2	ANATOMIL	20 AND OF I	MANILAND
24A. BURIAL CREMATION, 24B. DATE 22. REMOVAL (Specify)	AC. NAME of CEMETERY OF C		CAMP DICATE.	town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	\$7 C D D 2 C 2	ADDRESS
MAR 5 1968 Peles E.	tarbey Mil	MUKTUAK	Y SERVICE	- RCHA
V3 130-KEV, 1/1/00				



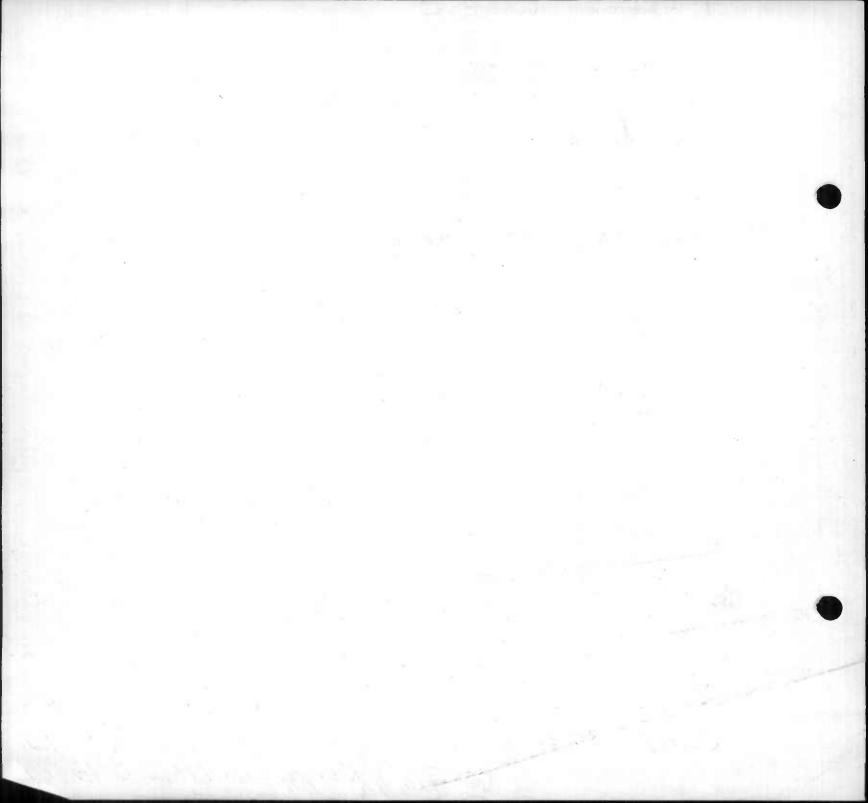
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	1:35	BALTIMORE CITY	HEALTH DEPARTMENT	CS	3- 2566
PID	7-/30 TH NO. 68- 25	66 CERTIFICA	TE OF DEATH	REG. NO.	2000
1. N	AME OF DECEASED TO MAN A LINE OF PINE	K 11 +	2. DATE AND	HOUR OF DEATH	
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where A, STATE By COUNT	deceased lived. Il institution:	residence before admission)
HO	LL NAME OF (IF NOT IN HOSPITAL OR INST	TITUTION, GIVE STREET	A. STATE B, COUNT O. CLIPY OR TOWN	D. INSIDE CITY	IMITS 13-07
INS	House of Pines		Beltimone	YES (2	1 1 4
4	02500 W Belveden	e Ave	1.05 Welc	lon Ave	
5: 5	EX 6. RACE 7. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9	AGE (In years ost birthdoy)	der I Yr. If Under 24 Hrs. S Days Hours Min,
	USUAL OCCUPATION (Give kind of work 10B. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		n country) 12. CI	TIZEN OF WHAT COUNTRY?
1	Proprieton Reta	11 Stone	Meryland		
13.	FATHER'S NAME PA AA		14. MOTHER'S MAIDEN NAM		
15.	Was Deceased Ever in U. S. Armed Forces? Amo of unknown) (III yes, give wor or dotes al service	1 6. SOCIAL	17. INFORMANT	ARR	ADDRESS
/	moor unknown, uit yes, give wor or dotes at service	218 32 41 75	J. Wade Hau	of 210 Phel	ns Au Gleybar
	18. / 6.2. / I	CAUSE OF DEAT	Н	, , , , ,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CA	use anachogene	è Comemana	
	(This daes nat mean the made of dying, e. heart failure, asthenia, etc. It means the diseas	9- DUF TO, OR AS	A CONSEQUENCE OF:	VI.	
	injury ar camplication which caused death.) ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, givin	(B)	A CONSEQUENCE OF:		
	rise Ia the abave cause (A) stating II UNDERLYING CONDITION last.			o	
7	162.1		-		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, ctc.)	in or obout 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Boltimare City, g	give exact lacation)
MEDIC	OF INJURY	TE, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
<	(APPROX)	While At Not Whi			4.5
	22. I certify that (I) (this haspital) attended	0 10 1	10/15	967 to 2/	27 1968.
	that (1) (wer) lost sow the deceased alive or and hour and from the couses stated above.	/		ot in (my) (our) opinion de	orn occurred on the dote
	23A. SIGNATURE			23 B, D	ATE SIGNED
	Colur h Ha	moly DEGREE Ph	ys. Director L	Staff Phys.	129/65
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS 4037 Excl	els Rd T	At 21211
24/		NAME of CEMETERY OF CE		OCATION (City, town	, or county) (Stote)
1	BUNIE 3-2-68 1	ruid Ridge	Cometer Pi	Kesville Be,	Ito G Md
25/	DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	250 FUNERAL DIRECTOR	111	B ADDRESS M.
VS	MAR 5 1968 P. C. F. E. C.	Tankey M. B.	Wurger Jul	nevel Home	02/10/1/14
		109 /	VVIUIV TAVOV	ey were	

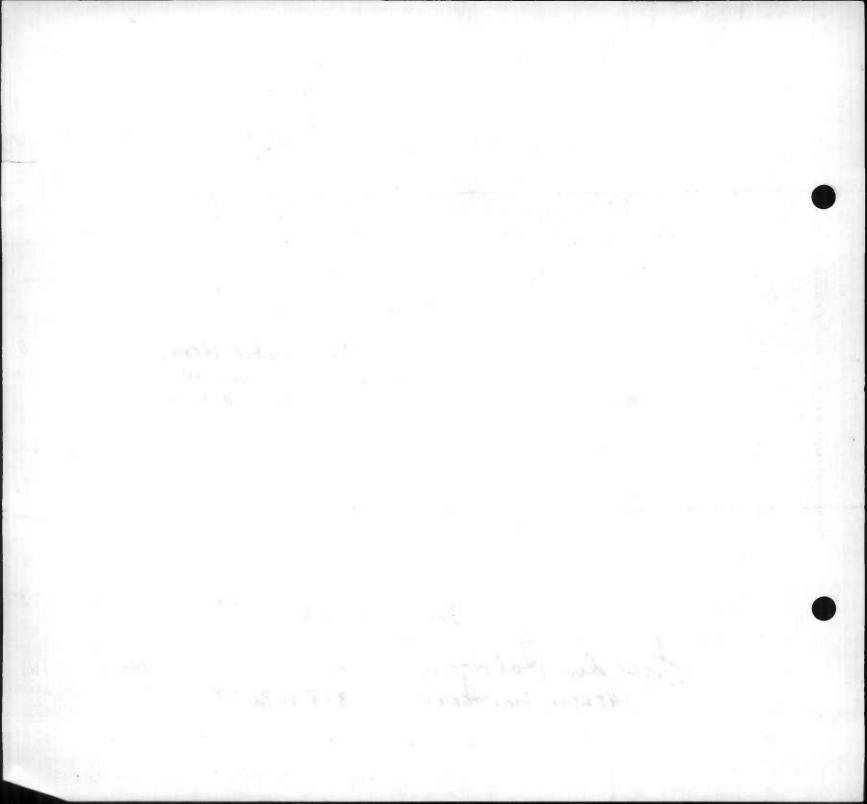




BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 2568 CERTIFICATE OF DEATH BIRTH NO I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MD. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES 🔀 NO E. STREET AND NUMBER CHESTNUT 6. RACE 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED Months Doys Hours lost birthdoy WIDOWED DIVORCED THA USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BALTO, MI UShest 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DEORGE 1 RABERT 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 216-03-2693 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CONGESTIVE LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION Josi. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not White While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from 19 68 that (H) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (M) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [Staff Phys. Director 230. PHYSICIAN'S 23D. ADDRESS 24A, BURIAL CREMATION, 4C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) DEPT. 25B. NAME OF REGISTRAR ADDR VS 150-REV. 1/1/6B



	S-160 68-2569 CERTIFICATE OF DEATH REG. NO				
ased ased the Such	DIKITI NO.				
P S G G	(Type or Print) MARTIN M SCHAEFER MARCH 2/68 4 P M.				
(5) De ance deat	A. STATE B. COUNTY				
dan dan	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?				
cause; attendior to	44 Union Memora 1 Hosp B. STREET AND NUMBER				
3 .= _ L .	810W 37th St				
ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9, AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min. Months; Doys Hours Months; Doys Ho				
or c ndet in dec	10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote of foreign country) 11. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
5 ± ₹ ₹ 8	FRANK Schaefer Sally				
kind; death ce on	15. Was Deceased Ever in U. S. Armed Forces? (Yes go of unknown) Ulf yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 2/2/10 8257 EVAE Schaeren 810 w 37454				
ל ל הם ל ל ל ל ל ל ל ל ל ל ל ל ל ל ל ל ל	18. 3 9 6 0 1 CAUSE OF DEATH CAUSE OF DEATH BETWEEN ONSET AND DEATH				
40 4 6 6					
cture cture or on ar o	Observe of condition directly LEADING TO DEATH (This does not mean the made of dying, e.g., heard failure, osthenia, etc. II means the disease, injury or camplication which coused death,) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE Pherma Afic (AEART 47 years) DUE TO OR AS A CONSEQUENCE OF: DUE TO OR AS A CONSEQUENCE OF: NEASTER WITH MITTAL STEWS, [8)				
ho segul	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:				
(3) A an w in r	DISEASES OR CONDITIONS, if any, giving put 10, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)				
medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
Body the the nysici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
e; (2) here No ph	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., etc.) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., etc.)				
hospi natur ept w d (6) I	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Nort While At Work				
the any obt	22. I certify that (I) (this hospital) attended the degreesed from 1965 to 1965,				
sed to sed to ent of spital (eath); ust be	ond hauf ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.				
eased to ident of hospital of death)	23A. SIGNATURE 23B. DATE SIGNED				
E 0 0 0 7 0	Attending Attending And Stoff Stoff March 2, 1968 23C:PHYSICIAN'S [23D: ADDRESS				
y was r y was r 1) An a 0.A. at a d prior	NAME (Type) SHELDON TOOLDGEIER 848 W36 15T				
ody vs. (1) D.O. d ased en ap	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
the body shows: (1) was D.O. deceased written a	25%, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 259 FUNERAL DIRECTOR ADDRESS				
₹ के ₹ के ₹	WAR 5 1968 Roberts E. Farbuna & Duryee Funeral Home Bolto MI				
	DU 11/1/01/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1				



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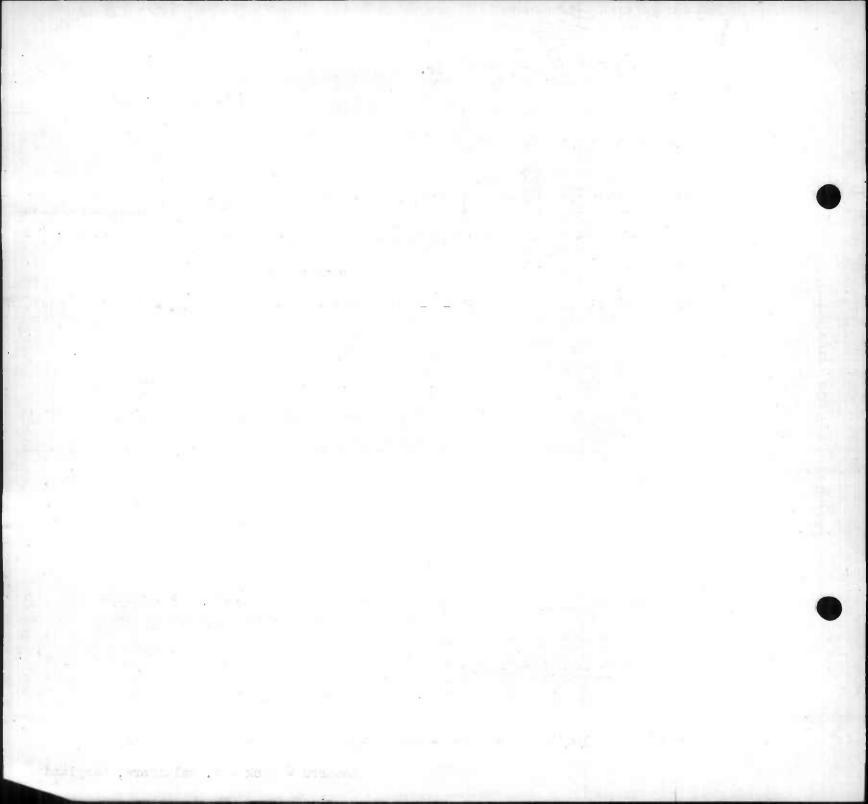
deoth

hospital

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3 LO O Sr. death. USUAL RESIDENCE (Where deceosed lived, If institution; residence STATE B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HDSPITAL OR D. INSIDE CITY LIMITS canse; 0 CHARLES GEN. NO YES prior etermined disposition is made regular S. SEX 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased lost birthdoy WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Asst. SEC. (4) Und Was 13. FATHER'S NAME 4. MOTHER'S MAJDEN NAME Johanna Biermann UO death S. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service)

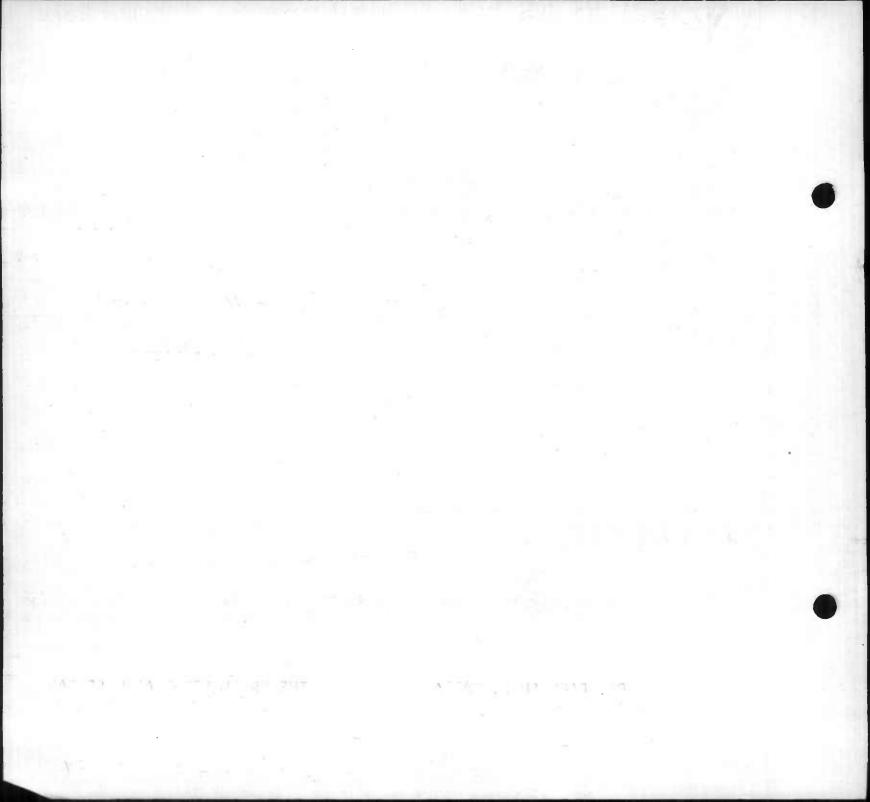
Yes

WW 11 or final SECURITY NO. attendance 215-07-6068 Mrs Ida E Eybs Same any CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF re are DISEASES OR CONDITIONS, if any, the above cause (A) physician UNDERLYING CONDITION last. the remains Was (2) Body burns; 163X CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL hysician DISEASE OR CONDITION GIVEN IN PART I (A). 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) where °Z MEDICAL DEATH (notify medical examiner) any nature; obtained 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 9 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except While At Not While (APPROX.) and Work At Work 22. I certify that (1) (this haspital) attended the deceased from 1968 that (1) (we) lost sow the deceased alive on and that in (my) (our) apinion death occurred on the date pe hospital death) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B, DATE SIGNED Attending Med. 0 Director approval 0 23C.PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior at An 4 24A. BURIAL CREMATION, 24B. DATE (City, town, or county) deceased 0.0 REMOVAL (Specify) written Burial 3/8/68 Bel Air Memorial Gardens Bel Air Maryland Was 25A, DATE REC'D BY HEALTH DEPT. ADDRESS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1968 Leonard J Ruck Inc. Baltimere, Maryland VS 150-REV. 1/1/68



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	/		HEALTH DEPARTMENT	68- 2571								
BIR	1-320 68-25	CERTIFICA	TE OF DEATH REGINO.									
	BARTON	LUTZ	2. DATE AND HOUR OF DEAT									
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A, STATE B, COUNTY												
	LL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	Maryland	53-00								
	STITUTION	0	C. CITY OR TOWN Baltimere	VSIDE CITY LIMITS?								
	, I he Union Mamo	in Hospital	E. STREET AND NUMBER	V 162 140 157								
4	4		411 012 Home Rod	(8)								
S. S	Male 6. RACE 7. MARRI While Widow	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 5-30 (890 9. AGE (In years last birthday)	If Undar 1 Yr. If Undar 24 Hrs. Months Days Hours Min.								
	USUAL OCCUPATION (Give kind of work 10 B. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY								
		en (o.	penn sylvania	U.S.A.								
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME									
	Henry Lutz	-	Kate Swacker									
Ye	Was Deceased Ever in U. S. Armed Faicas? s no al unknown) (If yas, give war ar datas of service)	1 6. SOCIAL SECURITY NO. 320-26-9231	17. INFORMANT Lonia Lutz - 411 Old Ho	me Rd21206								
	18.436.0	CAUSE OF DEAT	H CUA 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Covelant the	e made 2								
0	(This daes nat mean the mode of dying,		A CONSEQUENCE OF:									
1	hearl failure, asthenia, etc. It means the disec injury ar camplication which caused death.)		2	10.0								
	ANTECEDENT CAUSES	(B) HJC.	1 timsin									
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the												
	UNDERLYING CONDITION last.	(C)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Z	33/X II	1										
TION	TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL Congest	is land Falure									
FIC A		OR WHICH OPERATION	20 A. AUTOPSY? (Yas ar Na) 20 B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?								
ERTIFIC	WAS PERFORMED											
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify madical examiner)	218. PLACE OF INJURY (a.g., hama, farm, factory, straet, o atc.)	in at about 21 C. WHERE DID (If in Baltin ffice bldg., INJURY OCCUR?	mare City, give exact lacation)								
EDI	21 D. TIME (Month) (Day) (Year) (Haur) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?									
2	(APPROX.)	Whila At Wark Nat Whila At Wark		4.4								
	29 1968											
	22. I certify that (I) (this haspital) attende that (I) (we) last saw the deceased alive	on 2-29	19 68 and that in (my) (aur)	opinian death occurred on the date								
and have and from the causes stated abave. (IV (We) (did (did nat) view the bady after death. 23A. SIGNATURE DEGREE Attending Med. Director Phys.												
						23C. PHYSICIAN DR. DARWISH M. NAZZAL 23D. ADDRESS THE UNION MEMORIAL HOSPITAL						
						24/	DAKWISH M. NHZZALE The Union Memorial Hospital 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, town, or county) (Stote)					
	REMOVAL (Specify)											
25/	25A. DATE SECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS											
	MAR 5 1968 Role & E. Falley M. John C. Miller Inc-6415 Belair Rd-21206											
VS	VS 150-REV. 1/1/68											



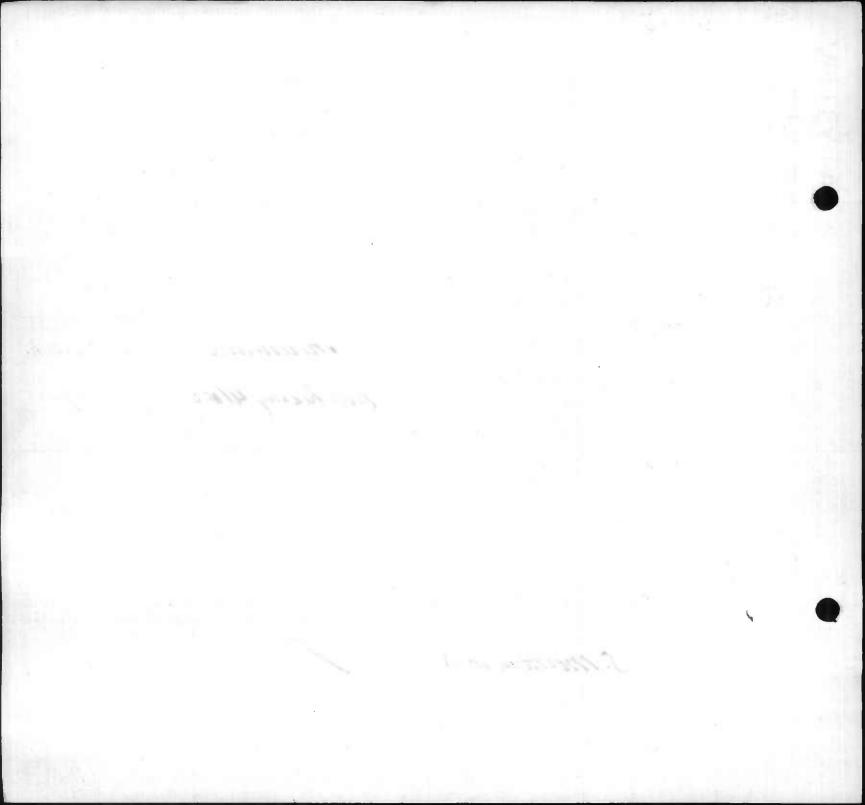
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Pulmonary Embelus Desgramative Fatalitist Prairiet (1000 /2) Promostory, chancelingdown preumotherax 40 1/6 1/2768 68 3/2 Solon R. Sharp

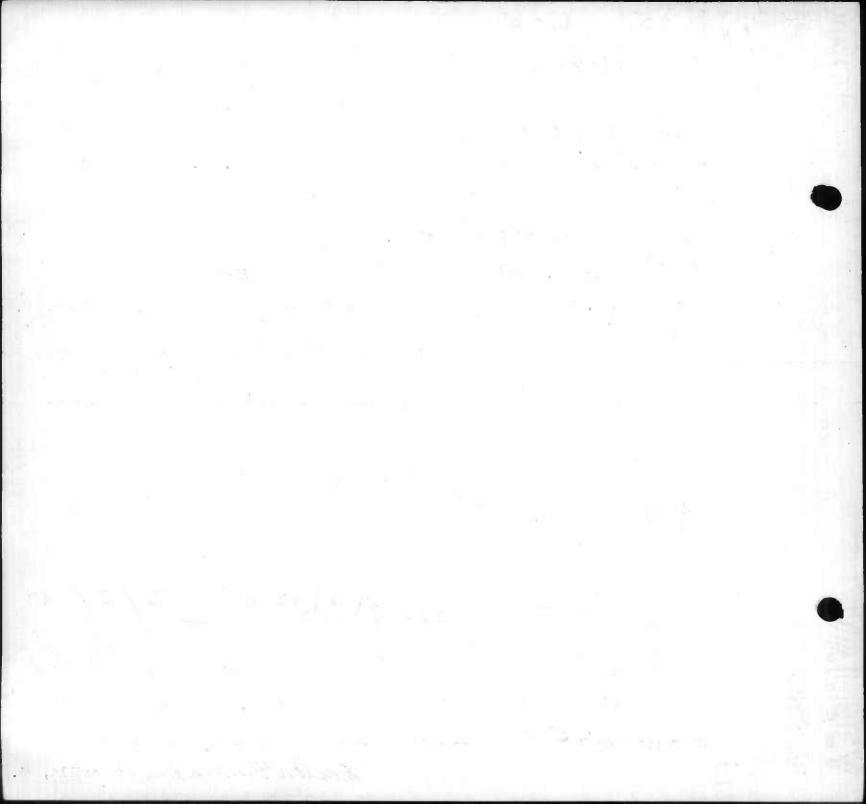
FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

11,) ./2) 00 6	BALTIMORE CITY	HEALTH DEPARTMENT		00 000
U)-420 68-2	2573 CERTIFICA	TE OF DEATH	REG. NO	68 2573
	TH NO. AME OF DECEASED	0=1(11110)	2 DATE AN	D HOUR OF DEATH	
	e or Print)	1.1.1.	3/3	168	19:00 P. M.
3 1	PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased fived. It is	
] .	The state of the s	THE STATE OF THE S	A. STATE 8. COUN	TY	10 12
FUI	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	ma.		18-00
INS	TITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS!
1			E. STREET AND NUMBER		YES NO
0	A July R At	· Pt	1/10 mornoen	R. of.	a Pt-
2 5	EX 6. RACE 7. MARRIE	are of	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
3. 3	D. L. MAKK			last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	TEMPLE WILL WIDOV USUAL OCCUPATION (Give kind of work 108, KINE		11. BIRTHPLACE (State or foreign	88	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	F I	III. BIRTHFLACE (Store or lotel)	gn country/	12. CHIZEN OF WHAT COUNTRY!
1	House Work at	Home	Venney Coancas	2	How A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	The was Walsh		Marian W	hite	
15.	Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	,na arunknawn) (tf yes, give war ar dates of servi	SECURITY NO.	1 1 1	an u	above
_	10	CAUSE OF DEAT	Mrs Pustina	Nauch	APPROXIMATE INTERVAL
	18. 70 7. 9	CAUSE OF DEAT			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ineum	mia	- Hucelhi
	(This does not meon the mode of dying,		A CONSEQUENCE OF:		
	heart failure, astheria, etc. It means the dise	ose,	1		
	ANTECEDENT CAUSES		non healing	4/eer	- 2415
	DISEASES OR CONDITIONS, if ony, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating				
	UNDERLYING CONDITION lost.	(C)			
Z	7/5/	16			- 0.00
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		740	IN CERTIFYING CA	USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in a about 21C. WHERE DID	(If in Baltima	re City, give exact lacation)
¥	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	home, form, factory, street, a	Hice bldg., INJURY OCCUR?		
DIC	21 D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
WE	OF INJURY	While At Not Whi			
	(APPROX)	Work At Work	4 4	10 3	2 10
	22. I certify that (I) (this hospital) attend	2.40		1968 to M	sich 2 1968.
	that (1) (we) lost saw the deceased alive	on March 3	19 <u>6 \$</u> and the	at in (my) (our) api	nion death occurred on the date
1	and hour and fram the couses stated abov	e. (1) (We) (did) (did not)	view the body ofter death.		
	23A. SIGNATURE	2.3			23B. DATE SIGNED
	U.S 1/2017 160-515	Phy	ending Med. Director	Staff Phys.	3/4/68
	23C. PHYSICIAN BALTIMORE, MD. 2120	DEGREE	23D. ADDRESS		
	NAME (Types I month, Ind. 2120	1.	808 20 7	bond	ff.
244	BURIAL CREMATION, 248. DATE 24	OEGREE C. NAME of CEMETERY OF CR	EMATORY 24D. Le	OCATION (C	ity, town, or county) (State)
	REMOVAL (Specify)	0 1 0	100	1	Tel.
6	Bursal 3/7/68	Lougan Par		ltemore	
254	LAD 5 1068 A P 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	P	ADDRESS ST.
IV	IAR 5 1968 Robert E. 4	ewier, -	John Y. C.s	wan +for	Inc. Hollins
VS	150-REV. 1/1/68		9		23 ME.

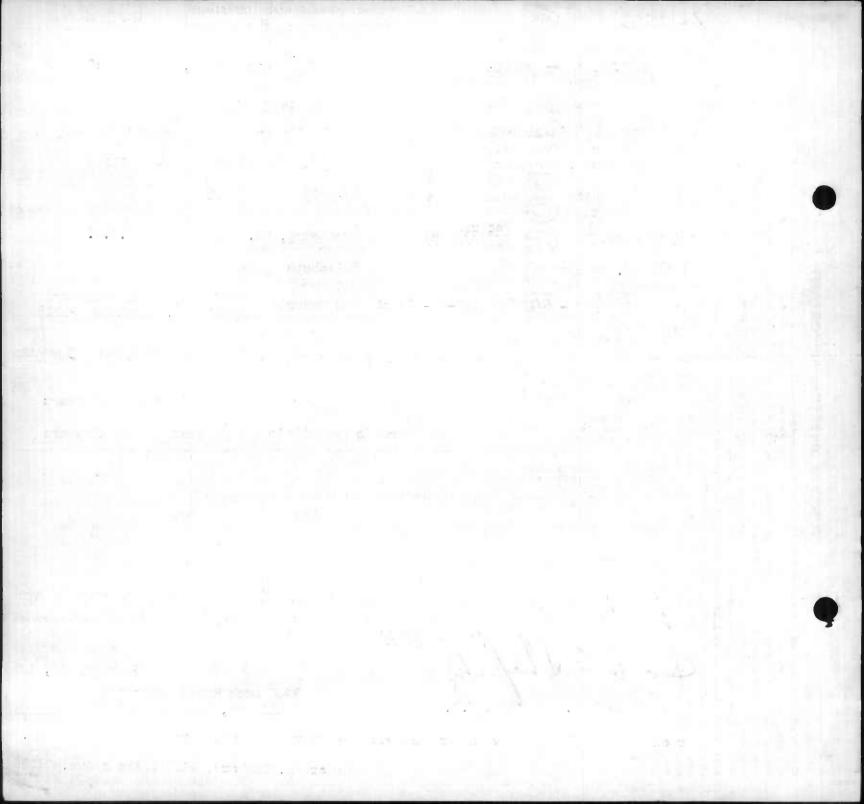


-72-28ED]	M-252 68-2574 BALTIMORE CITY HEALTH DEPARTMENT
	CERTIFICATE OF DEATH
death death seased on the Such	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. O 3. O
7 4 6	Mchanzie James 3/2/68/5-PM.
hospital use of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoded lived, II institution: residence before admission) A. STATE B. COUNTY
hospi ise o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland Baltimore ADDRESS OR LOCATION)
cause cause; (5) endan	Baltimore City Hospitals C. CITY OR TOWN
c 3 = 1	4940 Eastern Ave.
d d d	Baltimore, Maryland # 21224 2123 Sparrows Pt. Rd. #21222 005
n occurred in contributing fermined ca regular at reased prior	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Manths; Days Hours; Min.
occur ontrik ermin regul eased is ma	Male White WIDOWED DIVORCED 12/28/17 50
r con deter in re decea ion is	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
80 E 15 ±	Bethlehem Steel Co. West Virginia
if de (4) Un was the isposit	13. FATHER'S NAME
dire dire d; (4 on t	Daniel Mc. Kenzie Louisa Bailey
0 0 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT # 2124
SE A D SE	Yes W. W. 2 BCH: Records 4940 Eastern Ave. Baltimore, Md.
S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
So Property	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Heptic failing [A) IMMEDIATE CAUSE
ono ono alm	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
ine actuactual propre	injury or complication which caused death.)
	ANTECEDENT CAUSES (B) CIVER CIRRHOSI'S I YEAR
examixami) Xami) A fr who who are e	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the
an an sir	UNDERLYING CONDITION lost, (C)
medical medical burns; physicic an was remair	581.0 II
medic burn bhysi an w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
chief a m Body the p ysicic	U 194 DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION - 120A AUTOPSY2 (Yes of No) 208. IF YES WERE FINDINGS CONSIDERED
	WAS PERFORMED POTTAL NYSTENSING IN CERTIFYING CAUSES OF DEATH? YES U 21A-ACCIDENT WAS UNDERLYING 24B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location)
the all by; (2)	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
Y T O Y	
hosp natu cept d (6)	₩ OF INJURY While At Not While
n y n x x ce	22. I certify that (I) (this hospital) attended the deceased from 2 12 68 15 to 3 2 19 68,
e and	that (1) (we) last saw the deceased olive an 3/2/1968 and that in (my) (our) opinion death accurred an the date
	and haur and fram the causes stated obave. (1) (We) (did) (did nat) view the bady after death.
- 8 4 4 9 7	23A. SIGNATURE
J 0) .= C _	Attending Med. Staff Director Phys. 3/2/68
reliate de constante de constan	23C. PHYSICIAN'S NAME (Type) PAR 23D. ADDRESS
was r was r An a Prior pprov	1750 126 4940 Eastern Ave. Baltimore, Maryland #21224
# (250 5	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
D. S:	Transportation 5/6% Prosperity Cemetery Mercer Co. West Virginia
This the bashow was decen	25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
F = 0 3 0 3	MAR 5 1968 Robert E. tarbey M. Easton Funetal Home Catonsville, Md.



	AME OF DEC	EASED			2. DATE	AND HOUR OF DE	ATH	Harris III	
(lyp	e or Print)	OWERS, James	William		Fe	bruary 28,	1968	2:30	P
		TIMORE, MARYLAND, W (IF NOT IN HOSPIT, ADDRESS OR LOCA				YTNUC	. It institutions	residence bet	fore admissio
HO	LL NAME OF				Maryland	D.	INSIDE CITY	0	-
		eterans Admin			Baltimor		YES X	NO	
		900 Loch Rave			E. STREET AND NUMBE		202140		
		altimore, Mar			-	veland Str		21230	
-	ale	6. RACE White	WIDOWED		4/25/05	9. AGE (In years lost birthday)	If Un Month	der 1 Yr. It	Under 24 Hi urs Min.
		UPATION (Give kind of work working life, even if retired)			11. BIRTHPLA CE (Stote or	foreign country)	12. CI	TIZEN OF WH	AT COUNT
00111	Mainten		Retir	ed Løyed /	Frostburg, M	id.	U	.S.A.	
13.	FATHER'S NA		44414	<i>+74771</i>	14. MOTHER'S MAIDEN				
	William	J. Powers			Elizabeth Mo	rgan			
15.	Wos Decoased	Ever in U. S. Armod For	ces?	6. SOCIAL	17. INFORMANT	-0		ADDRESS	
Yes	, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.		3900 Loc	h Raven		rard
	Yes	3/27/42 - 6/	22/42	147-07-3382HA		Baltimor	e. Mary	rland 2	1218
	des to the		any, giving		A CONSEQUENCE OF:				
TION	OTHER SIGNII	e abave cause (A) G CONDITION last. II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO	staling lhe NTRIBUTING HE TERMINAL		A CONSEQUENCE OF: ic bronchitis	& emphysen	19.	10 y	ears
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RTIFICATIO	UN DERLYING OTHER SIGNI TO THE DEAT DISEASE OR C 19A. DATE OF	e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 1198. CON	Staling The NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WIFE	(c) Chron	nic bronchitis	r No) 20B, IF YES, V IN CERTIFYING YE	VERE FINDING	3S CONSIDER	RED
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MEDICAL CERTIFICATIO	OTHER SIGNII TO THE DEAT DISEASE OF CO 19A-DATE OF 21A. ACCIDE OR CONTRIBI DEATH (notify 21D. TIME OF INJURY (APPROX.)	e abave cause (A) G CONDITION last. FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 178E. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Doy) (Year)	Staling The NTRIBUTING HE TERMINAL 11 (A). DITION FOR WIFORMED (Hour) 21E, I While Work	(c) Chron	20 A. AUTOPSY? (Yes o Yes in or obout 21C. WHERE DIffice bldg., INJURY OCCUP	r Noi) 20B, IF YES, V IN CERTIFYING Ye O (If in Bo	VERE FINDING 3 CAUSES O 18 3 1) Itimare City, g	3S CONSIDER F DEATH? give exact local	RED Non)
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MEDICAL CERTIFICATIO	OTHER SIGNII TO THE DEAD DISEASE OR CONTRIBUTE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (V (we) and hour on	e abave cause (A) G CONDITION last.	NTRIBUTING HE TERMINAL TO T	HICH OPERATION LACE OF INJURY (e.g., i form, foctory, street, or MJURY OCCURRED AI Not Whill AI Work of deceased from J February 28 (We) (did) (hith his)	20 A. AUTOPSY? (Yes on Yes in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUPATION OF THE COLOR OF THE COL	INJURY OCCUR? 19 68 to that In (n) (our th.	Februar 238. D	as consider for DEATH? give exact local ry 28th enth occurre	Hon) 19 68 d on the d
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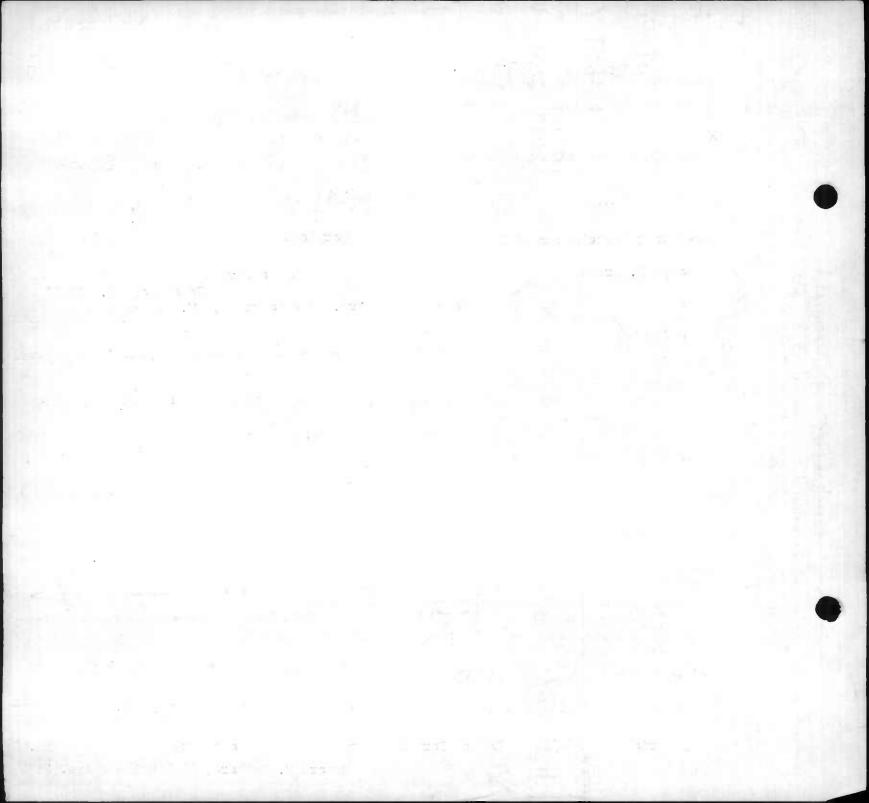
IMPORTANI DIRECTOR: FUNERAL

approved

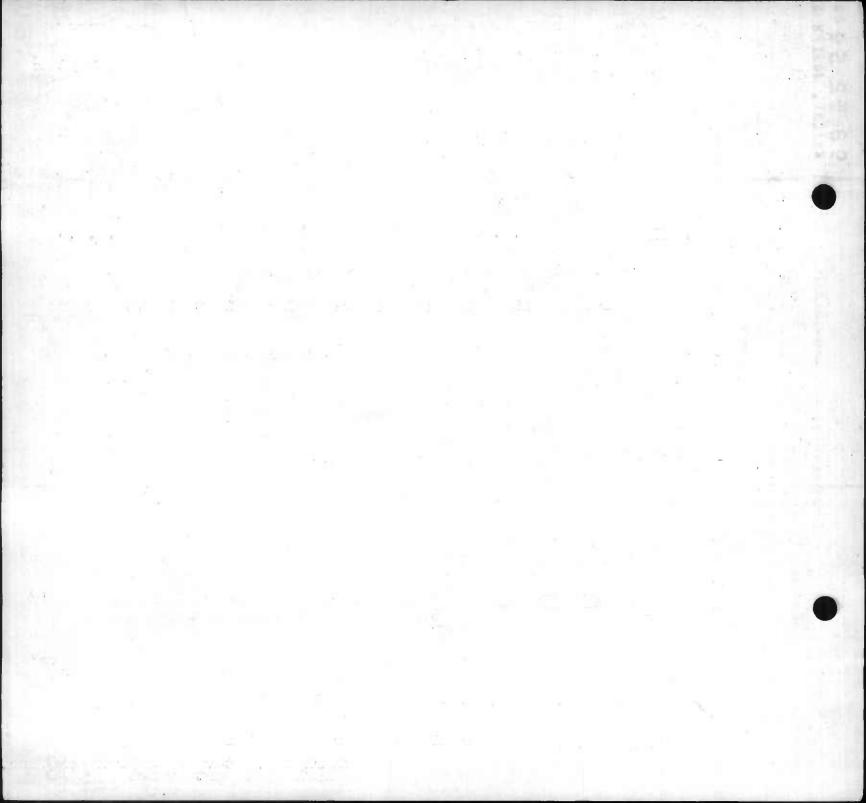
hospital

BALTIMORE CITY HEALTH DEPARTMENT 68- 2576 68- 2576 CERTIFICATE OF DEATH REG. NO death Deceased Such BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO /68 REMON death. 4. USUAL RESIDENCE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD deceased lived. If institution: residence before admission ance A. STATE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 200 FULL NAME OF HOSPITAL OR CITY OR TOWN D. INSIDE CITY LIMITS' attend cause; NO A YES 4430A prior STREET AND NUMBER contributing UNIUERSITY OF MARYLAND HOSPITAL made. Undetermined regular 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min, 6. RACE 8. DATE OF, BIRTH MARRIED NEVER MARRIED eceased last birthday) DIVORCED WIDOWED 0 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) Maryland USA Assistant Distributor SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct (4) Ralph N. Brown Lydia Christy APDRESS 21122 death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT 0 Pasadena, Md. (Yes, no or unknown) (If yes, give wor or dotes, of rvice) SECURITY NO. final ce No Mrs. Eugenia Brown, RT. 6, Box 481, None CAUSE OF DEATH any attenda APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION BIRECTO med LEADING TO DEATH (This does not meon the made of dyin UE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It mays the injury ar complication which caused dead pq 9 em ANTECEDENT CAUSES CURRENT who 9 7.0 are DUE TO, OR AS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, ony, cause (A) the abave UNDERLYING CONDITION Inst mains SID 420,1 ATION 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED OTHE TRAINA
DISEASE OR CONDITION GIVEN IN PART 1 (A). physician 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FORWHICH OPERATION 20 A. AUTOPSY? (Yes or No) Ģ WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) where hospital °Z MEDICAL DEATH (notify medical examiner) 70 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 obtaine (except While At Not While (APPROX.) Work At Work and to the duy 22. I certify that (1) this hospital) attended the deceased fram 19.68 that (If (we) ast saw the deceased alive an_ and that in(my) (aur) opinian death accurred an the date pe pital eath) and haur and fram the causes stated abave. (1) (We) (did nat) view the bady after death. must accident 238. DATE 23A. SIGN AT HRE SIGNED hosp O Attending Med. Staff 40 0 Phys. Director L Phys. 0 23C. PHISICIAN'S 23D. ADDRESS prior approv at NAME (Type) An LIG 0 4 DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24B. DATE ceased the body 0.0 shows: Loudon Park Cemetery

| 258. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR Burial 3/4/68 Baltimore M as ADDRESS 25A, DATE REC'D BY HEALTH DEPT. de Howard H. Hubbard, 4107 Wilkens Ave. 21229 300 VS 150-REV. 1/1/68



DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence before Anne Arundel D. INSIDE CITY LIMITS? NO TO If Under 1 Yr. If Under 24 His. Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mrs. Helen Knight 312 7th Avenue BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) and that in (my) (aur) aplnion death accurred on the date 23 B. DATE SIGNED The Johns Hopkins Hospital deceased (City, town, or county) Burial 3/5 Maryland L. Stevens Funeral Home, Inc. MOS Charles L. 1501 East 258. NAME OF REGISTRAR VS 150-REV, 1/1/68

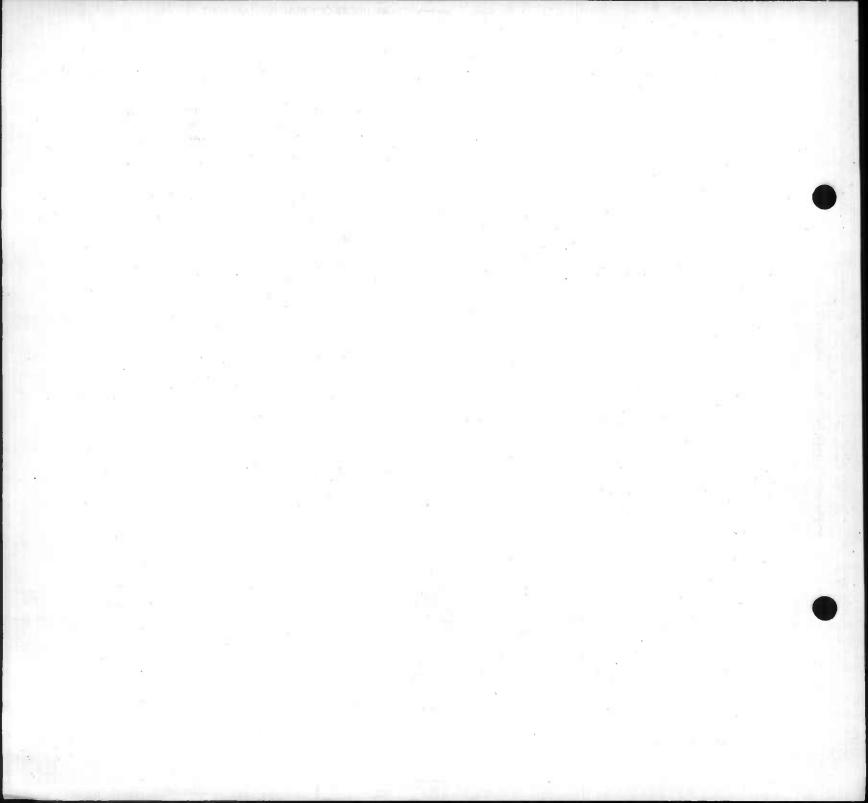


IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such hospital and use of death Deceased BIRTH NO NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo RESIDENCE (Where deceased death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD COUNTY ance A. STATE (5) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION anu cause INSIDE CHELIMIS C. CITY OR TOWN (4) Undetermined cause; attend 0 0 (RM prior STREET AND NUMBER contributing occurred disposition is made. regular 9. AGE (In years lost birthday) 5. SEX If Under 1 Yr. 8. DATE OF BIRTH 6. RACE MARRIED NEVER MARRIED deceased WIDOWEDS DIVORCED OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? IOA. USUAL done during most of working life, even if retized death = 14. MOTHER'S MAIDEN NAME M as the 13. FATHER'S NAME direct death On kind; 5. Was Deceased Ever in U. S. Armed Forces! ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any APPROXIMATE INTERVAL DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, balmed of LEADING TO DEATH QUS! (A)IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. Il means the disease, gular xaminer. injury or complication which caused death.) em ANTECEDENT CAUSES Who (B)_______DUE TO, OR AS A CONSEQUENCE OF re are 4 DISEASES OR CONDITIONS, if ony, giving the 3 obove couse (A) sloting the = physician before the remains UNDERLYING CONDITION last. (C)... Was medical any nature; (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION the 0 VO 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the where (If In Boltimore City, give exact location) CAL to the hospital ° 7. etc.) DEATH (notify medical examiner) MEDIC obtained 9 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While be approved (except ; and (6) While At (APPROX.) At Work Work 22. I certify that (I) (this haspital) attended the deceased from 19 60 ... and that in (my) (our) opinian deoth occurred an the date that (I) (we) last saw the deceased alive an pe of hospital death) must and haur and fram the causes stated abave. (!) (We) (did) (did nat) view the bady after death. accident 23A. SIGNATUM 23B, DATE SIGNED This certificate must Attending Phys. Med. Staff Med. Director 40 Phys. approval 0 23C. PHYSICTAN'S 23D. ADDRESS prior ţ An U.D. OEGREE ook 5 24 WOV Marc 4 shows: (1) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY of CREMATORY 24D LOCATION 24B. DATE (City, town, or county) deceased the body was D.O. MOVAL (Specify) written ISA. DATE REC'D BY HEALTH DERT! 158. NAMEAOF REGISTRAR 25C. FUNERAL DIRECTOR ADDRES: 150-REV. 1/1/68

If Under 24 Hrs.

Hours



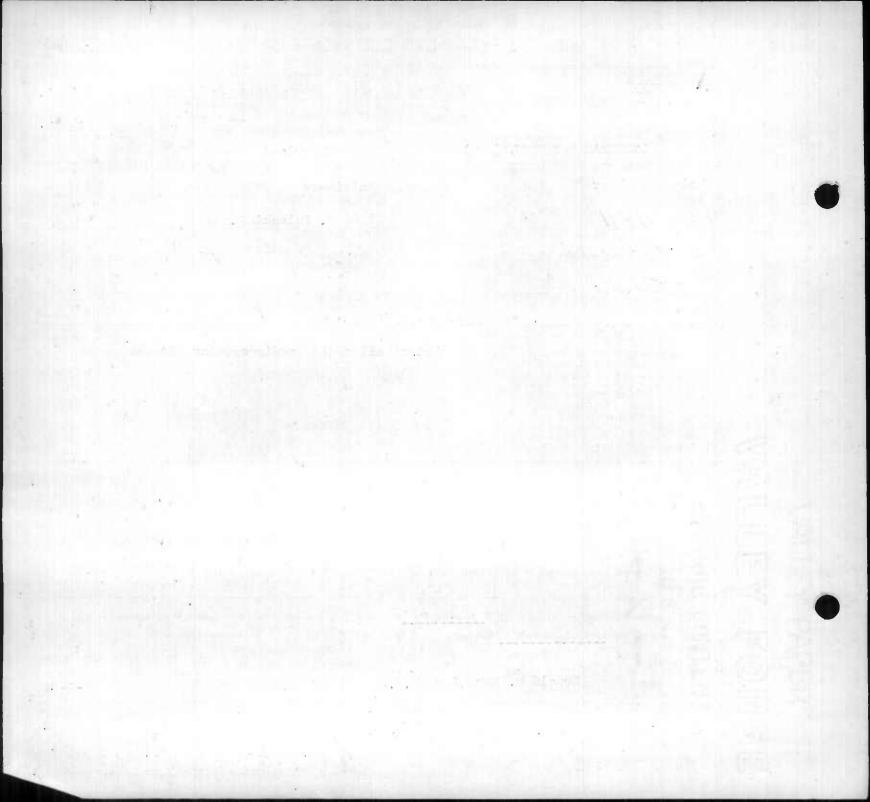
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	1-520 68- 2570 BALTIM	ORE CITY HEALTH DEPARTMENT	68- 2579
	CERT	IFICATE OF DEATH	6. NO. 00 2010
	I, NAME OF DECEASED	2. DATE AND HOUR	OF DEATH
	(Type or Print) Unc H. mark	5 K. 3-25-6	8 4 / a M.
	3. PLACE IN BANTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST	LAA / DALTIN	ORE COUNTY 33 - 00
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	33	BAITIMORE	P YES NO
	11 /25 11	E. STREET AND NUMBER	rele
9	DOWNS HOPRINS LOSP,	TAL 105 DROWNS	1,0rrace 21227
BBE	5. SEX 6. RACE 7. MARRIED NEVER MAI	Tost billion	
S	TOAL USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR	INDUSTRY 11. SIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	INDUSTRI II. SIRIFICACE (Stote of foreign country)	A CHIZEN OF WHAT COUNTRY?
disposition	Ketirek	Harth Caral	ena
200	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
S	MARK LYNCH	LOUISE LONG	
- 1	15. Wos Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service)	NO. 17. INFORMANT	ADDRESS
Tindi	21123	Carrie Lynch	105 Circle Terr.
	18./ CAUSE	OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY	4/1 / 1 1.1 /	
E	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A)	EDIATE CAUSE Motostoni interstituil	cell Ca
E	heart failure, osthenio, etc. It means the disease,	TO, OR AS A CONSEQUENCE OF:	
E	injury or complication which caused death.) ANTECEDENT CAUSES		
0		TO, OR AS A CONSEQUENCE OF:	
0 0	rise to the above cause (A) stating the	to, carried and and of	
ıns	UNDERLYING CONDITION Iosi. (C)		
remains	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1. 1 1- (1- 1-)	10
rei	2 TO THE DEATH BUT NOT RELATED TO THE TERMINAL	hi value disease (AI+HS)	16 mo.
0	U DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT	TION 20A. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED
e th	WAS PERFORMED	No IN CERT	IFYING CAUSES OF DEATH?
lore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ OR CONTRIBUTING CAUSE OF home, form, foctory	JURY (e.g., in or obout 21 C. WHERE DID v, street, office bldg., INJURY OCCUR?	f in Baltimore City, give exact location)
bef	DEATH (notify medical examiner)		
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCI	URRED 21F. HOW DID INJURY OCC	UR?
ained	(APPROX.) While At Work	Not While At Work	/-
ă	22. I certify that (1) (this hospital) attended the deceased	2/2	10 2/29 1968
0	that (I) we) lost saw the deceased alive an 4:10 hr		(our) opinion death accurred an the date
Ω	ond hour and from the causes stated above. (1) (We) (did)		
must	23A. SIGNATURE	,,	23 B. DATE SIGNED
	allow R Yam	Attending Med. Staff Phys. Director Phys.	2/29
approval	23C. PHYSICIAN'S	23D. ADDRESS	10/1
010	NAME (Type) Allen R Kaisel	IHH	
dp	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	TERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)
	REMOVAL (Specify)		
written	Burial 3-2-68 Arbutus Me	Pk. Baltimo	re, Maryland
2	MAD 5 1968 P. D. A. E. FarleyMA	11 The State of the Land	
	MAR 5 1968 (12 Canto E. Stander	Arlington S. Philli	ps 1727 N. Monroe St

JOHNS Hopkins Happin 100 Minor Tilace 2 11 11-10 29 63 Alfandia and age of its 25 - 161 - W. F allow o lower Alba B Kam

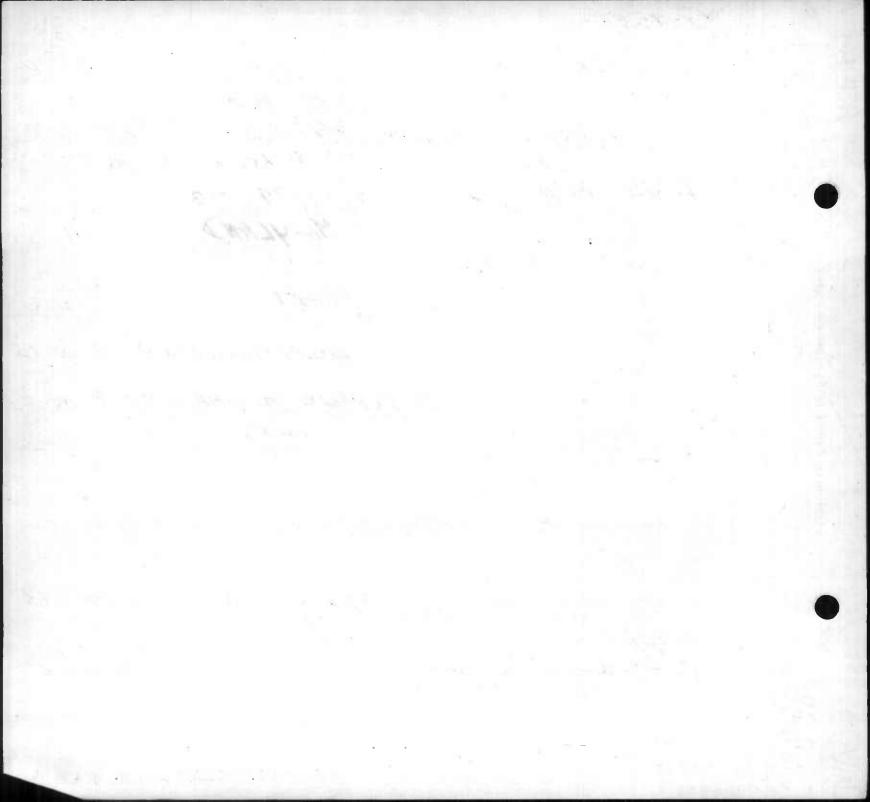
68- 2590

MEDICAL EXAMINER'S		3- 2580
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print) JAKE LANGFORD	2. DATE Known Month Doy Yea	
	DEATH Estimoted March 1, 1968	9:28 A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy Yes	
HOSPITAL ADDRESS OR LOCATION)	March 1, 1968	9:28 A.
LUTHERAN HOSPITAL (DOA)	S. USUAL RESIDENCE (Where deceased lived. If institution: resident A. STATE Maryland RECOUNTY	ne before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN DINSIDE CITY TIME	152
Male Negro WIDOWED DIVORCED	Baltimore YES	NO 🗌
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 1604 N. Pulaski Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Marth Cappling WHAT COUNTRY?	Bug Langtara	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
done during most of working lity, even if retired)	Untrouen	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT / ADDRESS	1
(Yes, no or unknown) (If yes, give wor or dotes of service) 719-10-01000	anie Laughet	Dance
19.2. CAUSE OF DEA	TH //	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY Arterio	ostlerotic Cardiovascular Disease	BETWEEN ONSET AND DEA
LEADING TO DEATH		
(A)IMMEDIATE ((This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OF THE RIGINIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. A	UTOPSY? (Yes or No)
5		No
ZZA. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB.	in or obout 22C. WHERE DID (If in Boltimore City, give exact locations to bidg., etc.) INJURY OCCUR?	
☐ UTING ☐ CAUSE OF DEATH.		
2 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) m. WORK L. AT V	WHILE VORK	
23.		
	itapsy 🔲 ond that an this basis, death in my opinio	in .
resulted from: Natural causes X Accident Suicio		
ACTUAL Devel 1111/2 1. So	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MAN CONTRACTOR MAN	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	3-1-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or con	unty) (Stote)
REMOVAL (Specify) 3-5-68 Polytre	mary (The Booth -	nost
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25g) FUNERAL DIRECTOR 11 - ADDRESS	5, 12721
MAR 5 1968 Robert E. Farley MAR	Malicate of Madien	21211
	wunder durings &	1 awal
VS 151-REV. 1/1/6B		



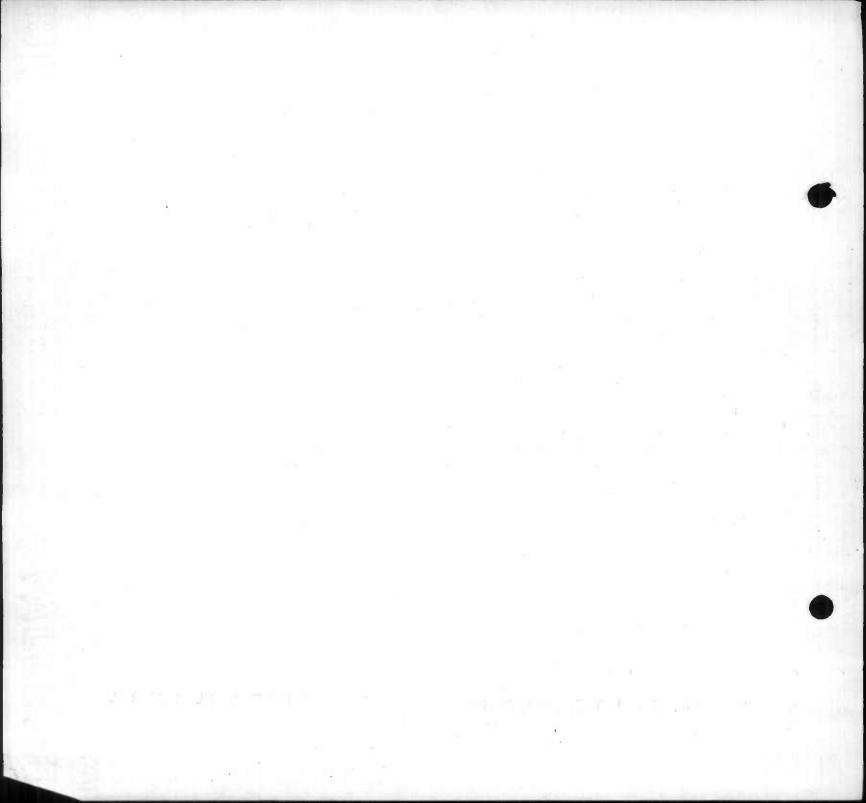
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

1	5-11			BALTIMORE	CITY HEALTH DEPA	ARTMENT			0-01
	H NO.	0	68- 25	81 CERTIFIC	CATE OF D		REG. NO.	68	2581
	or Print)	HER	1. 1.01	VA		2/26	OUR OF DEATH		450 PM.
3. PI	LACE IN BALTI	MORE, MARYL	ND, WHERE PRO	NOUNCED DEAD	4. USUAL RES A, STATE	B. COUNTY	eased lived. If ins	titution: residenc	e before odmission)
HOS	L NAME OF	(IF NOT IN	HOSPITAL OR IN	STITUTION, GIVE STREET	C. CITY, OR TO	RYLAND	D. INSI	DE CITY LIMITS?	9
V.		ORCIT	W OF	MARYLA	ND BAY	111900	e //	YES	No
De	CNIV	163//	Hos	0.	E. STREET AN	S. Low	A Don	/ AV	e
S. SE	Felsax	PRACE N	egro widov	NEVER MARRIED VED DIVORCED	B. DATE OF BIS	7/97 lost b	irthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	USUAL OCCUP			OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	Stote or foreign co	untry)	12. CITIZEN O	WHAT COUNTRY?
	Haus	re al	ile		19/	RYLAN	VD .	u.	SA.
13, F	ATHER'S NAM	E L	danced.	1	14. MOTHER'S	MAIDEN NAME	Grand .		
	Vas Deceased E		med Farces?	ce) 6. SOCIAL SECURITY NO.	17. INFORMAN	1		ADDI	RESS
		, , , ,		211-13	BALCHA	21			
1	1B. 16 2.	/ 1		CAUSE OF D	EATH				OXIMATE INTERVAL
		OR CONDIT	ION DIRECTLY		040	10111 011	111 10001	10 2	2000
18			node of dying,	e.g., (A) IMMEDIATE	CAUSE BKO/	VCHO PNE	CU 170/11	77 3	PHYS
			means the dise	ase,					
		NTECEDENT (TNO	DODARIO	O CAPCIN	MA TE	(P) 6	month
			IS, if any, gi	ving DUE TO, O	PLRABLE R AS A CONSEQUEN	CE OF:	01777 01		11101112
	rise la lhe	abave caus	e (A) staling	THE .		LUNG			
-	UNDERLYING	CONDITION	Iasi.	(C)					
Z	OTHER SIGNIE	ANT CONDITIO	NS CONTRIBUTI	NG					
Ĕ		BUT NOTRELA	TED TO THE TERMIN						
	19A. DATE OF	OPERATION 1		OR WHICH OPERATION	20A. AUTOP	SY? (Yes or No) 20B	LIF YES, WERE F	INDINGS CONS	IDERED ?
CER	21 A. ACCIDENT	WAS UNDER	LYING	21B, PLACE OF INJURY	1/0	WHERE DID	(If In Baltimore	City, give exoct	location)
AL	OR CONTRIBUT	ING CAUSE	OF	home, form, foctory, streetc.)					
		(Month) (Doy)	(Yeor) (Hour)	21E. INJURY OCCURRED	21 F. H	OW DID INJURY	OCCUR?		
D 1	OF INJURY				While				
-			!>=!\ !		Nork 2	2 10 6	9	2/2	6 18
		. , ,		ed the deceased from	100 3	19 0	Ø10	1	19().()
			deceased alive	-/			(my) (dur) opir	nopraeoth occ	urred an the dote
l le	and hour and		ses stoted abov	e. (I) (We) (did) (did n	ot) view the body	after deoth.		23B, DATE SIGN	VED
	1	1 16	· nx) _		Med. Staff		2/2	1/10
	23C.PHYSICIAN	"i	70	DEGREE	Phys. L I	Director Phys.		1	0/60
ľ	NAME (Ty	ne)			230. ADDRESS				
24A.	BURIAL CREM	ATION, 24B. I	DATE 24	C. NAME of CEMETERY o	GREE CREMATORY	24D. LOCAT	ION ICit	y, town, or coun	ty) (Stote)
	Bruail	3-	2-68	Arbutus Mem.	Pk.	Balt	imore, Ma	ryland	
2SA.	DATE REC'D	1000	PT. 25B. NA/	ME-OF REGISTRAR	25C. FUNER	AL DIRECTOR		Al	DDRESS
	MAK D	1200 ()	when C.	TOO ST.	Arli	ngton S. P.	hillips 1	727 N. M	lonroe
VS 1	50-REV. 1/1/61	}							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11 - 7 - 1 - 1	Y HEALTH DEPARTMENT 68- 2582
BIRTH NO. 68- 2582 CERTIFICA	ATE OF DEATH REG. NO.
I NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) HODGES, RICHARD	3-2-68 2-35pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN O. INSIDE CITY LIMITS? YES THE YES T
KINION MEMORIAL ROSPITAL	
TUNION MESSERIME	BARCLAY513224
5. SEX 6. BASE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
Male Calared WIDOWED DIVORCED	07-14-96 lost birmody 7/
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
done bonny most of working me, even it tensory	South Carolina C.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
imknown	(Inknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	24 Anna Vadaes Same
18. 4 30, 9 1 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE Subarachoroid hemorrhage
	S A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	
	S A CONSEQUENCE OF:
rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C)	
330X II	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	/VC
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	, in or obout 21 C. WHERE DID office bldgs, INJURY OCCUR? (If in Boltimore City, give exact location)
OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?
	nile 🗂
Work At Wor	
22. I certify that (I) (this hospital) attended the deceased fram	3-1-1968 to 3-2-1968.
that (I) (we) last saw the deceased alive an	and that in(my) (our) apinion death accurred on the date
and haur and fram the causes stated above. (I) (We) (did) (did nat)	
23A, SIGNATURE	thending Med. Staff Staf
Janua Songlica of OEGREE PH	7
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
DR. SARAVUT SRIFUENGFUNG	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
Durial 3-6-68 Whites	Mem Sh. Dallerossel, Mrs.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	259. UNETAL DIRECTOR
MAR 5 1968 Robert E. Janey	Menegrans Shelless Warra



· 3/20/68 - Amended by marriage record. Charles A Blackwell and Mary France Stokes.

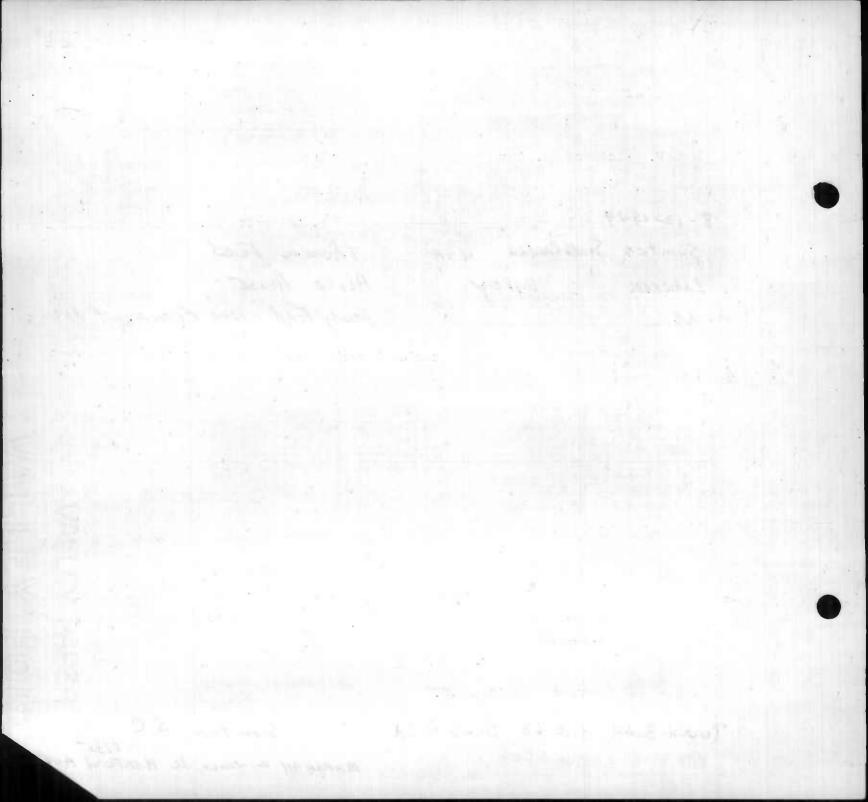
Date of marriage: December 23, 1943. Place: Harford County, Md.

Serial Number: 33107301.

ABCarter/SN.

F-630	68- 2584 BALTIMORE CITY HEALTH DEPARTMENT		
7-600	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	H REG NO 68-	- 2

MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.	8- 2584
NAME OF DECEASED	III DATE V. 177	Year Tu
pe or Print)	2. DATE Knawn Manth Day	Year Haur
ALBERT US FORD	DEATH Estimated March 3, 196	8 11:00 AM
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur
	and the water and the	
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	March 3, 19	68 11:00 A _M
INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: res	sidence befare admission)
	A. STATE B. COUNTY	() a
1001 W. Baltimore St. (DOA)	Maryland	1/-03
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS
Male Negro WIDOWED DIVORCED	Baltimore YES	L NO L
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER	
3-12-1944 last birthday) Manths Days Haurs Min.	2/27 B To Something of 1/2	
	2427 E. Lafayette St. AVE	
WHAT COUNTRY?	13. FATHER'S NAME	
Sumter Douth CARdiva USA	Thomas FORD	
A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR		
be during mast of warking life, even if retired)	11	
LABORER BAKERY	ALICE HOUSE	
WAS DECEASED EVER IN U.S. ARMED FORCES? /17. SOCIAL	1B. INFORMANT ADDR	ESS
s, na ar unknawn) (If yes, give war ar dates of service) / SECURITY NO.	HENRY FORD - 1008 BEAUR	I KIA.
N_0	111111111111111111111111111111111111111	
19.41 10 Q CAUSE OF DEA	ATH /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
1/0/1/		DETWEEN GROEF AND DEAN
DISEASE OR CONDITION DIRECTLY Arterios	clerotic Cardiovascular Disease	
LEADING TO DEATH (A)IMMEDIATE		
(This does not mean the made of dying, e.g., DIETO OR	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
mory of complication which cover dealth.)		
ANTECEDENT CAUSES (B)		
	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
LINDERLYING CONDITION LAST.		
(
14221/ 11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21	. AUTOPSY? (Yes ar Na)
internal control of the control of t		Yes
	, in ar about 22C. WHERE DID (If in Baltimare City, give exact to	ication)
INDERLYING TOP CONTRIB. hame, farm, factory, street, affi	ice bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.		
22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	T WHILE [
(APPROX.) m. WORK AT	WORK	
23.		
I certify that I held an Inquiry Inspection A	utopsy 🛛 ond that on this bosis, death in my opi	nion
· · · · · · · · · · · · · · · · · · ·	ide Homicide Undetermined monner	
resulted from: Notural couses X Accident Suici		
resulted from: Notural couses X Accident Suici	CHIEF MEDICAL EXAMINER	
resulted from: Notural couses X Accident Suici		DATE SIGNED
ACTUAL / 11/10 1 1 5)	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
ACTUAL SIGNATURE MELLE SIGNATU	D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED 3/4/68
ACTUAL SIGNATURE LIVE LA MILES EXAMINER'S	ASSISTANT MEDICAL EXAMINER	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U Spitz, M.D.	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	3/4/68
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U Spitz, M.D. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	3/4/68
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U Spitz, M.D. 3. BURIAL CREMATION, 24B. DATE WOVAL (Specify) 24C. NAME of CEMETERY	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Y or CREMATORY 24D. LOCATION (City, town, or	3/4/68 (State)
ACTUAL SIGNATURE WALL SIGNATURE EXAMINER'S NAME (Type) Werner U Spitz M.D. A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY MOVAL (Specify) WANTAL BURIAL 3-10-68 BRAD FORM	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Y or CREMATORY 24D. LOCATION (City, town, or	3/4/68 (State)
ACTUAL SIGNATURE WETNER U SPITZ M.D. S. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY MOVAL (Specify) WOOTH BURIAL 3-10-68 BRAD FORM	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Y or CREMATORY 24D. LOCATION (City, town, or	3/4/68 (State)
ACTUAL SIGNATURE WETNER U Spitz, M.D. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BRAD FOR A	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	3/4/68 (State)



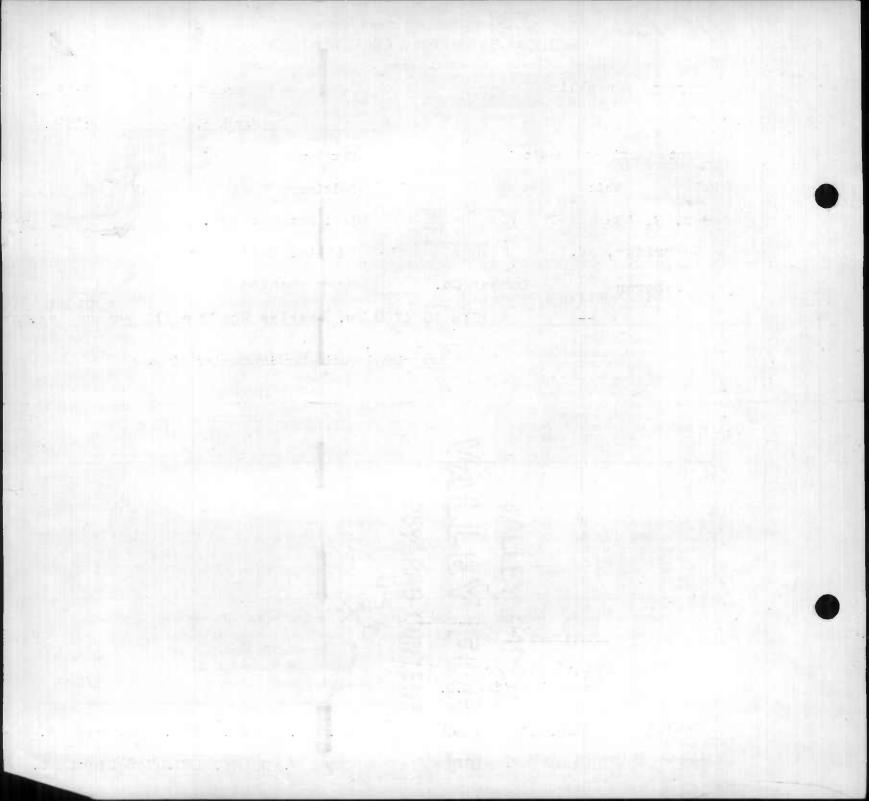
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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1		ORE CITY HEALTH DEPARTMEN	T 68- 2585
BIR	-230 68- 2585 CERT	IFICATE OF DEAT	
	AME OF DECEASED Pucciotto Maria	PICCIOTTO 2. DAT	3-3-68 4 PM.
3.	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		Where deceased lived. If institution: residence before admissio
HC INS	L NAME OF SPITAL OR ADDRESS OR LOCATION) TITUTION OCH TO THE PROPERTY OF THE	C. CITT OR TOWN	D. INSIDE CITY LIMITS!
17	altimore City Hospitals	Baltimore E. STREET AND NUMB	YES NO NO
11	940 Eastern Ave.		
5. 5	altimore, Maryland # 21224 EX 6. RACE 7. MARRIED NEVER MAR	4940 Easter	9. AGE (In years If Under 1 Yr. If Under 24 Hr
F	emale White WIDOWEDK DIVOR	- 100 la day	lost birthdoys Months Doys Hours Min.
10A	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I		
	HOUSEWORK AT HOME	Ttoly S	RICILY
	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
	EPANIN PULSA	Philas	IENA PUSATERI
	Nos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Ye	,no or unknown) (If yes, give wor or dates of service) SECURITY N		#21224
-	18. ZZ CAUSE CAUSE	DEATH RECORDS	4940 Eastern Ave. Baltimore, Mc
	DISEASE OF CONDITION DIRECTLY		BETWEEN ONSET AND DEA
	LEADING TO DEATH	DIATE CAUSE 13/6/21	Rubolism
		O, OR AS A CONSEQUENCE OF:	
	injury or complication which coused death.)	6. 1 1 +	
	ANTECEDENT CAUSES (B)	Hartradutes.	ASCVD, CHF = 3" Heart Block.
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	O, OR AS A CONSEQUENCE OF:	14'
	UNDERLYING CONDITION loss. (C)	gastnarta ri	No diverticulita
z	433,0 11		0
. 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Chrane Bra	u fyndume
CATI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	ON 20 A. AUTOPSY? (Yes	OT (No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIFIC	WAS PERFORMED	NO	IN CERTIFYING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ OR CONTRIBUTING CAUSE OF home, form, factory,	URY (e.g., in or about 21 C. WHERE D street, office bldg., INJURY OCCU	ID (If in Boltimore City, give exact location)
Z AL	DEATH (notify medical examiner)	sieet, onice blogs, invoki occo	
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DIE	INJURY OCCUR?
ME	(APPROX.) While At Work	Not While At Work	
	22. I certify that (I) (this haspital) attended the deceased f	rom 8/2/	19 18 to 3/3 19 68
	that (1) (we) lost sow the deceased alive on 2:3		d that in (my) (our) opinion death occurred on the do
	and hour and from the causes stated above. (1) (We) (did) (c	/	
	23A. SIGNATURE		23 B. DATE SIGNED
	David has mo.	Attending Med. Phys. Director	3/3/68
	23C. PHYSICIAN'S	23D. ADDRESS	
	NAME (Type) DAVID JUAN MO	Baltimore Cit	n Ave. Baltimore, Maryland #2122
24/		RY of CREMATORY 2	D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) 7-6-1968 /1051 HOA	Y REGEE MER	BALTO. Md.
25/	DATE REC'D BY HEALTH DEPT. 258-NAME OF REGISTRAR	250 TUNERAL DIRE	1 1 155000
	MAR 1968 The Let E Tarkey In	(Anot	Corellin 5444 BELAIR D
VS	150-REV. 1/1/68	K cello	10000000000000000000000000000000000000



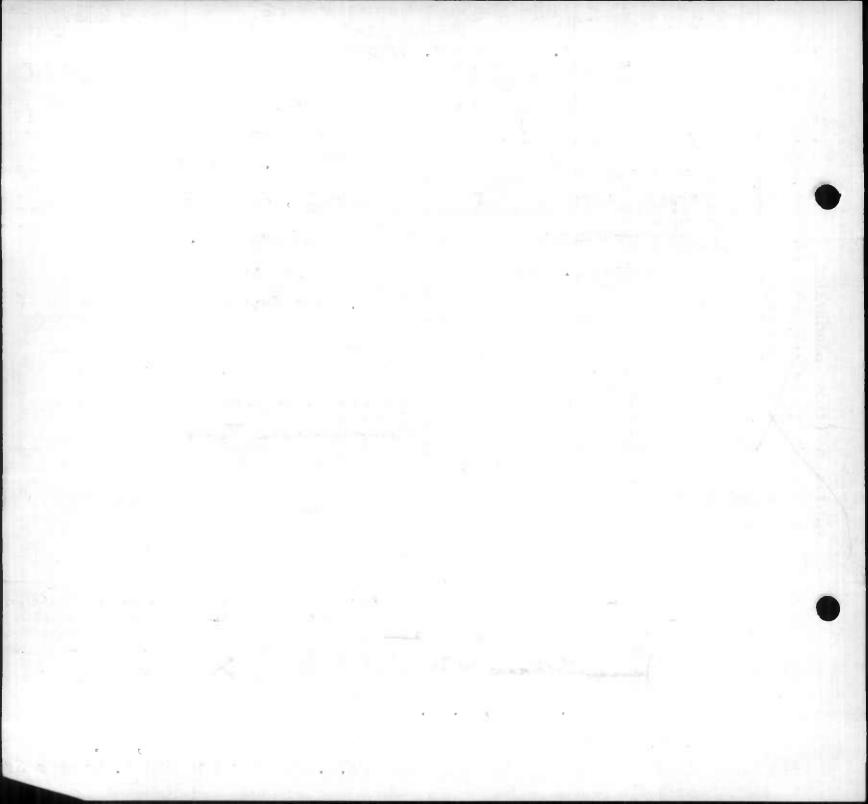
68	de pro	2	5	8	6
C) 40		-	0	\sim	4

BIRTH NO.	/4/11	NCAL LA	AMIITERS	CLIVIIII		עראוו	REG. NO		
1 NAME OF DEC	EASED			2. DATE	Known 🛛	Month	Doy	Yeor	Hour
(Type or Print) BENJAMIN	Franklin	HAI	Τ.	OF DEATH	· Estimoted 🔲	March	5, 1968		5:15 А.м.
4. PLACE IN BAL	TIMORE, MARYLAND, V			3. DATE		Month	Doy	Yeor.	Hour
FULL NAME OF	(IF NOT IN HOSPIT		N, GIVE STREET	PRONOL	INCED DEAD	March	5, 1968		5.15 A W
HOSPITAL OR INSTITUTION	ÀDDRESS OR LOCA	ATION)		5. USUAL RE				residence	before odmission)
2	1.4			A. STATE			B. COUNTY		~ " NI
	altimore Hos	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?							
6. SEX 7. RACE 8. MARRIED NEVER MARRIED						- 6			
Male	White	WIDOWED			timore		YE	s X	NO L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.					ND NUMBER				
Oct. 8.		9'			1 Patapso	o Ave			
	state or foreign country)		TIZEN OF	13. FATHER	SNAME			-	
Cambri	dge, Md.		HAT COUNTRY? USA	Wil	liam Hs	11			
14A.USUAL OCCU	PATION (Give kind of work	14B. KIND OF B	USINESS OR INDUSTR	Y 15. MOTHE	S'S MAIDEN NA	ME			
qu a	vorking life, even if retired)	Lumbe	r Co.	Mar	y Shent	on			
Labo	ED EVER IN U.S. ARME		17. SOCIAL	18. INFORM	V	7011	A	DRESS	03.003
(Yes, no or unknown)	(If yes, give wor or dotes	of service)	SECURITY NO			Ob-e	e 77	7/	21061
No					Onartes	SUMI	Tal. II.	T ACT.	non Ave.
19. 412	1		CAUSE OF DEA	AIH				BET	WEEN ONSET AND DEATH
DISEAS	E OR CONDITION DIR	ECTLY	Ambonia	a alamat	ic Cardio		om Diana		
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE	ic cardic	vascui	ar Disea	se	
	not mean the mode of d e, osthenio, etc. It means th		DUE TO, OR	AS A CONSEQ	UENCE OF:				
Injury or cor	mplication which coused de	oth.)							
A	NTECEDENT CAUSES		(p)						
DISEASES	OR CONDITIONS, IF AN	IY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
RISE TO TH	E ABOVE CAUSE (A) STANG CONDITION LAST.	ATING THE							
Z	TO CONDITION CASI		(C)						
OTHER SIGN TO THE DE. DISE ASE OR 20A. DATE O	,) 11	CALITRIBUTING	2-550						
TO THE DE	VIFICANT CONDITIONS (O THE TERMINAL			3				
DISEASE OF	CONDITION GIVEN IN		WHICH ODERATION W	MAC DEDECORA	CD.			21 ALIT	OPSY? (Yes or No)
A ZUA. DATE O	F OPERATION 20B. CO	ONDITION FOR V	VHICH OPERATION W	VAS PERFORM	ED			21. AUT	Draff (reset tre)
. 13 /									No
	NAL CAUSE WAS G∏OR CONTRIB-	22B. P	LACE OF INJURY (e.g. form, foctory, street, offi	, in or obout 2 ice blda etc.) 1	2C. WHERE DID NJURY OCCUR?	(If in Boltimor	re City, give exo	ct locotion)	
D UTING CA	USE OF DEATH.				1				
≥ 22D. TIME	(Month) (Doy) (Yes	or) (Hour) 22	E.INJURY OCCURRED	. 2	2F. HOW DID II	NJURY OCCI	JR?		
OF INJURY (APPROX.)				T WHILE WORK					
23.		111.] ***	OKK AI	,,okk 🔲 [
1 cert	tify that I held an	Inquiry	Inspection X A	utapsy 🗌	and that an	this basis,	death in my	apinion	
- and	ted from: Natural ca			ide H	micide 🗌	Undetermi	ned manner	7	
resur	ied from: Natoral Ca	OSES C	Sole		CHIEF MEDICAL				
ACTUAL	1.11. 1	10 5	2	-	STANT MEDICAL		X		DATE SIGNED
SIGNAT	URE HEAVES	11.	M.	D.			(A)		2/5/60
EXAMIN	MCTHET	U. Spitz	, м.б.	ASSC	CIATE MEDICAL	EXAMINER			3/5/68
NAME (Туре)		. NAME of CEMETER	V CPEMATO	DPV loan	LOCATION	(City, town	or court	y) (Stote)
24A. BURIAL CRE REMOVAL (Spec		240	IVAME OF CEMETER	I OF CKEMAIC	1 0				
Burial		8,168	Meadowrid	ge Mem	. Pk. 1	Wash.	Blvd.	& Do	rsey Rd. Mc
	BY HEALTH DEPT.		OF REGISTRAR	25C.	FUNERAL DIREC	TOR		DDRESS	
MAR	1968 R.P.	o E tail	Jew Mall	TO	OHN F. I	ENNY	TNC.	715 1	Light St



	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written captally must be obtained hefore the remains are embalmed or final disposition is made.
	death occurred to contributing Undetermined cas in regular a e deceased pricestion is made.
IMPORTANT	Also, if the direct of any kind; (4) counced death wattendance on the med or final dispense.
FUNERAL DIRECTOR: IMPORTANT	dical examiner. I ical examiner. I ical examiner. I ical exity is a fracture sician who pron vas in regular or e embalt
FUNERAL	by the chief medipital by a mediure; (2) Body bur where the physician v.) No physician v.)
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular decased prior to death); and (6) No physician was in regular attendance on the deceased private analysis of the present of the physician was an embalmed or final disposition is made.
	This certificate must be the body was released shows: (1) An accident owas D.O.A. at a hospita deceased prior to death written approved

K-4	00	68-	- 258	BALTIMORE CIT				REG. NO.	68-	2587.
BIRTH NO.		Mas. M	ARCAR	CERTIFICA ET M. KEL			ATE AND HOU			
(Type ar Print)		BARET.					MARCH		68	1=15 F
3. PLACE IN	SALTIMORE, MA	(8)			A. STA	JAL RESIDEN	CE (Where deced	sed lived. If in	stitution;	residence before odmissio
FULL NAME	OF (IF NOT	IN HOSPITAL	OR INSTITUT	ION, GIVE STREET		MARYL.	AND			11-01
FULL NAME HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCAII	JN)			ORTOWN		D. INS	IDE CITY I	_ / / _ '
1/MER	CY HOSF	PITAL,	Inc.		E. STR	BALTI EET AND NU	MORE JMBER		YES X	/ NO L
/					.	1001	ST. PAU	L STR.	EET	
. SEX	6. RACE	7.	MARRIED	NEVER MARRIED	8. DAT	E OF BIRTH	9. AGE lost birt	(In yeors hdoy)	If Unde Manths	er 1 Yr. If Under 24 H Days Hours Min.
FEMAL		L d die	WIDOWED	DIVORCED	Jv	VE 15	1874	93	120 617	TEN OF WHAT COUNT
	CCUPATION (GIV t of working life, ev		B, KIND OF E	SUSINESS OR INDUSTRY	III. BIR	IMPLACE (Sta	fe or foreign cour	itry)	12. CIT	IZEN OF WHAT COUNT
2 5 4 7145 846		EWIFE			14 14	BAL!	TIMORE	MD.		
3. FATHER'S		T 16			14. M					
S W D	JOHN sed Ever in U. S	J. MA		6. SOCIAL	17 INE	MAR:	Y ELLEN	WARD		ADDRESS
Yes, no or unkn	own) (If yes, give	war ar dotes	f service)	SECURITY NO.			KELLEY	105	Fne	DALE RD
lee .				CAUSE OF DEA		WARD	VEPPE 1	700	LUS	APPROXIMATE INTERVAL
18./5	8.01			CAUSE OF DEA	п					BETWEEN ONSET AND DEA
DIS	EASE OR CON LEADING 1		CTLY				1/2000			2/ 4/25
(This doe	s not meon th		ing, e.g.,	(A) IMMEDIATE CA	USE CONS	ISE CEREBRAL VASCULAR 24 HRS A CONSEQUENCE OF: THE CONTROLS				
heart foil	re, asthenia, et	c. II means th	e diseose,	DOL 10, OK AS	A CONS	EQUENCEOI	[]	+ROM BOS	212	
Injury or	injury or complication which caused death.)						Λ.			
	ANTECEDENT CAUSES (B)					7 SES	TO NECK			3 mos
	The obove			1						,
	ING CONDITIO			(c) / ET	ROPE	RITON	EAL (UMOR		3-4 mos
Z OTHER SIG	II INIFICANT CONE	DITIONS CONT							F _A	
TO THE D	EATH BUT NOT R	IVEN IN PART 1	(A).							
OTHER SIC TO THE D DISEASE C	198. CONDITION FOR WHICH OPERATION WAS PERFORMED					No No	Yes or No) 20B.	IF YES, WERE ERTIFYING CA	FINDING: USES OF	S CONSIDERED DEATH?
OR CONT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i one contributing cause of pearth (natify medical examiner)					21 C. WHER	RE DID C CU R?	(If in Baltima	re City, gi	ve exact location)
OF INJUR		Day) (Year) (Haur) 21 E. I	NJURY OCCURRED		21 F. HOW	DID INJURY O	CCUR?		
(APPROX.)			While	Not Wh	le					
22. L cer	ify that the (th	is haspital) a		deceased fram	FEG.	27	19 6	to M	1 ARC	H 1 19 C8
	, , , ,					9 68				ath accurred an the d
	and haur and fram the causes stated above. (#)-(We) (did) (did not) vi 23A. SIGNATURE						r death.		23B. D.A	ATE SIGNED
20/10/10/10	()	SV	RAUS.	M I AH	ending [Med.	Staff K	A	Λ4	
000 011140	Jeanne		raus,	DEGREE Ph		Direct	for Phys.	7	Ma	reh 1, 1968
23C. PHYS	E (Type)				23 D. AC	DKE22				
	JEANNE	S. K	RAUS.	M. D. OEGREI		MERC	Y HOSP	ITAL		
24A. BURIAL REMOVA	CREMATION, 24	B. DATE	24C. NA	ME of CEMETERY OF CI	EMATO	RY	24D. LOCATIO	ON (C	ity, town,	ar caunty) (State)
BURI		/4/68	7.7	EW CAMPED	DAT		R	I.T TMO	DF	Mn.
2SA. DATE RE	C'D BY HEALTH	DEPT. 25	B. NAME OF	EW CATHED REGISTRAR	250	FUNERAL I	DIRECTOR	DI INU.	OF -	ADDRESS
MAR	1968	P. D. A	S. Fa.	Onepa	H	. W . M.	EARS &	SON 8	U5 1	V. CAL VERT
VS 150-REV. 1		MACHINE	4000							



Such

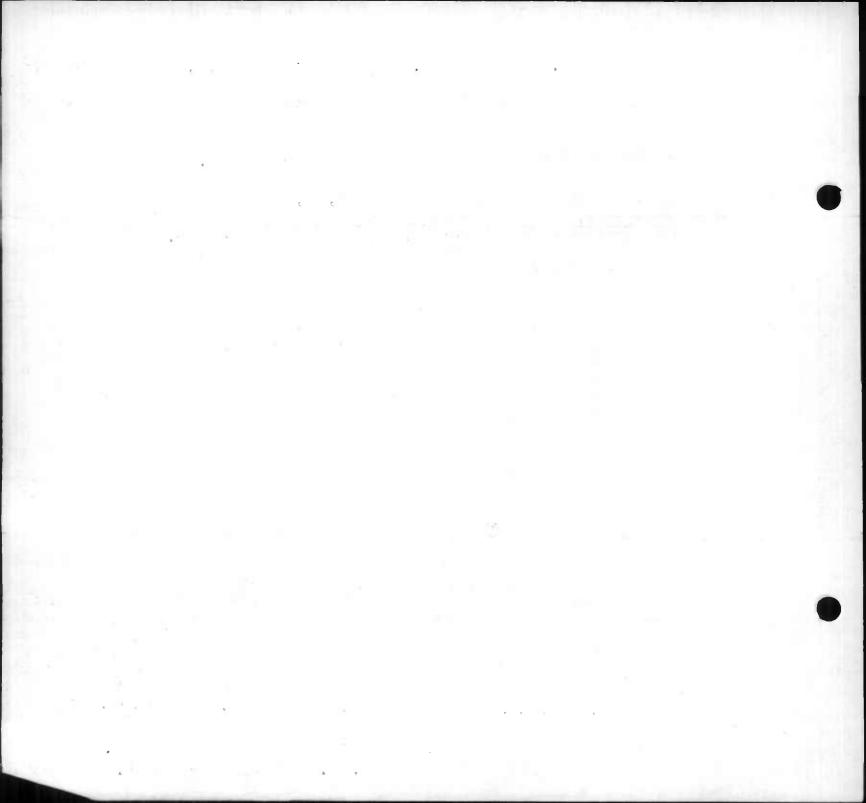
a hospital and

-	BALTIMORE CIT	Y HEALTH DEPARTMENT 68- 2588							
1	2-634 68- 2588 CERTIFICA	ATE OF DEATH REG. NO.							
0111	TH NO.								
	AME OF DECEASED	2. DATE AND HOUR OF DEATH							
СТУР	e or Print) MRS. KATHARINE L. Po	ORTERFIELD MAR, 2, 1968 8 Pm.							
3, 1	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY							
FUI	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND 1728							
INS	SPITAL OR ADDRESS OR LOCATION) TITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
1		BALTIMORE YES NO							
	5609 SAGRA ROAD	E. STREET AND NUMBER							
	JOGG BAGRA ROAD	5609 SAGRA RE.							
5. S	EX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min,							
A	EMALE WHITE WIDOWED DIVORCED	SEPT, 28, 1914 53 Months Doys Hours Min.							
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR								
	during most of working life, even if retired)								
	ASST SECRETARY COMMUNITY COLLI	EGE BALTIMORE MD.							
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	JOHN HEALY	VARIABINE OURSE							
15. 1	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	KATHARINE OWENS 17. INFORMANT ADDRESS							
(Yes	no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	GORDON PORTERFIELD 1208 WINSTON A							
		GORDON PORTERFIELD 1200 WINSTON A							
	18.44 1 O . 9 CAUSE OF DEA	TH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY My								
	LEADING TO DEATH	70061 0110901							
	(this does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:								
	heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES Grondy liter Throngs Zuddler								
	(B)	S A CONSEQUENCE OF							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A rise to the obove cause (A) stating the	3 APCONSEQUENCE OF.							
	UNDERLYING CONDITION Iosi. (C)								
z	other significant conditions Contributing								
은	TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
ERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?							
CER	21A ACCIDENT WAS LINDERLYING 21R PLACE OF INILIRY In C.	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)							
	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?							
CAI	DEATH (notify medical examiner)								
0.0	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?							
2	(APPROX.) While At Work At Work	ile							
	22. I certify that (I) (this haspite) attended the deceased from	1966 to Mar 2 1968							
	that (I) (we) lost sow the deceased olive an	19 6 and that in(my) (***) opinion death accurred an the date							
	and haur and fram the causes stated above. (1) (4) (did) (did net)	view the body after death.							
	23A. SIGNATURE	23B, DATE SIGNED							
	QUA DO KAGA THE TAN	tending Med. Staff Dua rely 1968							
	DEGREE DEGREE	lys. Director Phys. March 7, 100							
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS							
	CHARLES E. SHAW, M.D. DEGRE	607 West Joppa Rd. Baltimore, Md. 21204							
244	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C								
	REMOVAL (Specify)								

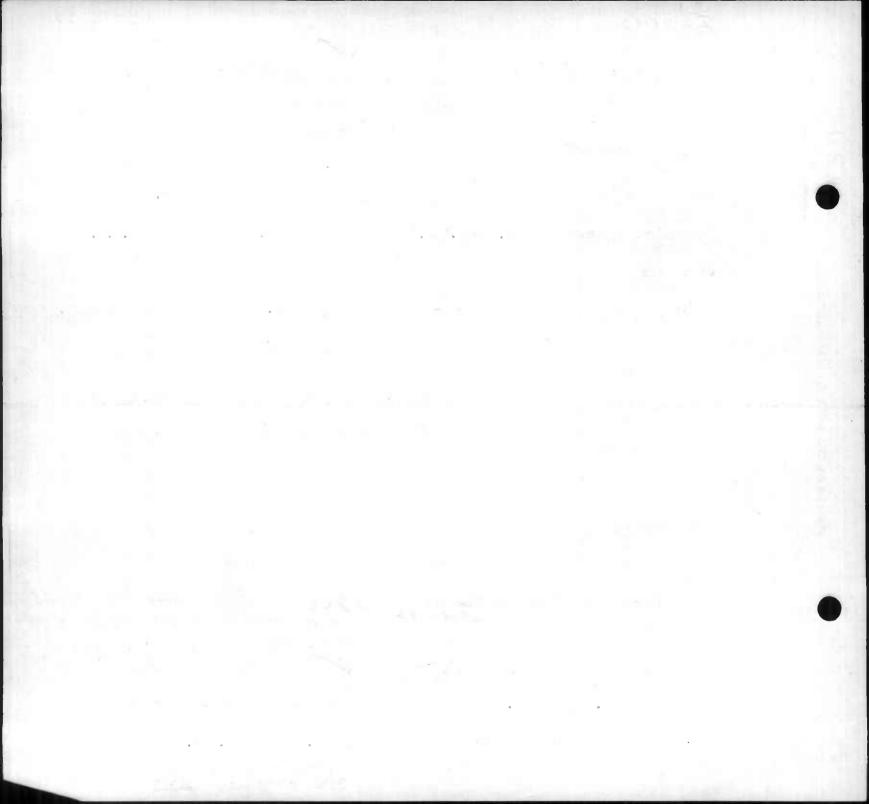
BURIAL 3/5/68 NEW CATHEDRAL

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

1968 Roberto E. Jankey H. FUNERAL DIRECTOR BALTIMORE
W. MEARS & SON 805 N_{\bullet} VS 150-REV. 1/1/6B



was a	- 05	~	000	BALTIMORE CITY					68 258	39	
1	20	0 68.	- 258	SS CERTIFICA	TE OF D	DEATH	REG.	NO			
	H NO.						ND HOUR OF	DEATH			
Туре	or Print)	USS. Willi	lam Cla	vton		Mar	ch 3, 19	968	10	am M.	
3. PI		MORE MARYLAND, W				SIDENCE (WE	ere deceosed li-	ved. If institu	ution: residence befor	re odmission)	
					A, STATE				n /	12	
HO!	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT (TION)	TUTION, GIVE STREET	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?						
IN ST	TUTION				Balti				ES TO NO		
	27.02	Chesterfield	Arronn	e 21213	E. STREET AN						
1	2123	olleg cel. I Tell	Avenu	6 5757)	3123	Chester	rfield A	venue	21213		
5. SE	Y	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF B		9. AGE (In ye			Inder 24 Hrs.	
	le	white			3/4/97		lost birthdoy	l yrs.	Aonths Doys Hour	s Min.	
			WIDOWED	DIVORCED DIVORCED DIVORCED	2, ., .	CE (State of fo			12, CITIZEN OF WHA	T COUNTRY?	
		vorking life, even if retired)	TOB, KIND O	DOSINESS OF HIDOSIKI							
Ca	rpender	, Roseman	Gen.	Cont. Co.		ont, Md.			U.S.A.		
13. F	ATHER'S NAM	ΛE			14. MOTHER'S	MAIDEN N	AME				
Ja	ke Fuss				Marv	Miller					
5. V	Vas Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMAL				ADDRESS		
Yes	, no or unknown)	(If yes, give wor or dote	s of Service)	SECURITY NO.	M	IP	F (o V am	-7 cm) == 4 f.	o oborro	
	yes	IWWI		215-01-0054		aret	russ (no	ee Kan	zler), Wife	TE INTERVAL	
	1B. 4	2,9		CAUSE OF DEATH				gre	BETWEEN ONS	ET AND DEATH	
		E OR CONDITION DI LEADING TO DEATH	RECTLY		Cardo	and do	compe	21100	1		
		al meon the made af	dying, e.g.	(A) IMMEDIATE CAL	A CONSEQUEN	CF OF:	Co-fic	with			
	heart failure,	asthenia, etc. It means	the diseose						0		
		plication which caused		Ontre-	molon	1	achie	1200	all of		
	(8)										
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the										
	UNDERLYING CONDITION last. (c) Corollary College Color										
}	h no.	/ 11			-						
Z	OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING	;							
CERTIFICATIO		H BUT NOT RELATED TO TO ONDITION GIVEN IN PAI			·						
5	19A. DATE OF	OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
RTIE	5	WAS PER	PORMED								
C	21 A. ACCIDEN	THE CAUSE OF	21	B. PLACE OF INJURY (e.g., i	in or obout 21C. WHERE DID (If in Boltimo ffice bldg., INJURY OCCUR?				nore City, give exact location)		
AL		medical examiner	et	c.)							
DIC	21 D. TIME	(Month) (Day) (Year)	(Hour) 21	E, INJURY OCCURRED	21 F.	HOW DID I	NJURY OCCUR	?			
MEDI	OF INJURY (APPROX.)			/hile At Not Whil							
				fork At Work				201	111 3	68	
	22. 1 certify that (1) (this haspital) attended the deceased fram 1960 19 ta 1960										
	that (l) (we)	last saw the deceas	ed alive on	Feb- 12	196.	and	that in(my) (aur) aplnic	an death accurred	an the date	
	and haur and	from the causes sta	ted abave.	(I) (We) (did) (did nat) v	view the bady	after deat	h.				
	23A, SIGNATURE 23B, DATE SIGNED									2/0	
	Leades MacMerice Moderate Phys. Attending Phys. Shaff Mac 5, 1968 23C. PHYSICIAN'S 23D. ADDRESS									968	
	NAME (T	vpe}	es C. N	(noMinn	29	OO East	Baltimo	e Str	eet.		
				DEGRÉE						(Stote)	
24A	REMOVAL	Specify)		NAME of CEMETERY OF CR			LOCATION	(City,	town, or county)	(31016)	
1	Burial	3/6/6	8	Baltimore Nati	onal Ce	m.	Balto.,M	d.			
25A	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		ERAL DIRECT			ADDRES	SS	
M	AR 6	1968 Relub	E. Ja	Shew, M.A.			Funeral				
VS	150-REV. 1/1/	68	1		333	1 brehm	s Lane	21213			



-	- 0 = 1	00		BALTIMORE	CITY HEAL	TH DEPARTMEN	٦٢	6	68- 2590		
K	1-701	68- 2	550	CERTIFI	CATE	OF DEAT	H REG	. NO	00 2000		
	TH NO. AME OF DECEASED						TE AND HOUR OF	DEATH			
	e or Print)	EISENBAUG	Н	POSE I				968	1 E.J.	OP M	
3. P	LACE IN BALTIMORE	MARYLAND, WHERE				UAL RESIDENCE			ution: residence before o	dmission)	
					A. ST.		21229		The second	. 15	
HO	SPITAL OR AD	NOT IN HOSPITAL OR DRESS OR LOCATION)	INSTITUTIO	ON, GIVE STREET		MD 21229					
1142	TOTION	AGNES HOS	PITA	II -		ALTIMOR	F		s X NO	11	
	11 ()	LKENS & CA				REET AND NUM	BER				
			ARYL		29 1	006 10	H AVENUE				
5. S	EX 6. RACE	7. MA		NEVER MARRIED		E OF BIRTH	9. AGE (In y	eors If	Under 1 Yr. If Unde	r 24 Hrs.	
	FEMALE W	HITE WIDO	OWED X	DIVORCED	12	-15-96	71		Doy's Hoors	7 4 11 11 6	
	USUAL OCCUPATION	(Give kind of work 10B, KI	ND OF BU	JSINESS OR INDU	JSTRY 11. BU	THPLACE (State of	or foreign country)	1:	2. CITIZEN OF WHAT	OUNTRY?	
		e, even ir rentred)			M	ARYLAND			U.S.A.		
13. 1	IOUSEWIFE				14. M	OTHER'S MAIDEN	NAME				
1	RICHARD	Carberry			R	ANDALL,	MARY				
	Was Deceased Ever in	U. S. Armed Farces?		S SOCIAL	17. IN	ORMANT			ADDRESS		
(Yes	NO	give wor or dotes of se		2 14 18 1	1398 S	T ACNES	RECORDS	WILKE	NS & CATO	AVE	
_	18. / 7 // V			CAUSE OF E		1 AGNES	KECOKDS	77 E L. IXL.	APPROXIMATE IN	TERVAL	
	1171	ONDITION DIRECTLY		CAUCE OF E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				BETWEEN ONSET A		
		G TO DEATH		4 NOMEDIAL	E CALLEE /	2./2	1001 4	1			
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF:										
	heart foilure, osthenio, etc. II meons the diseose, injury or camplication which caused death.)										
	ANTECEDENT CAUSES										
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:										
	rise to the obove cause (A) stating the UNDERLYING CONDITION last, (C)										
	1208 11										
Z	DITHER SIGNIFICANT CONDITIONS CONTRIBUTING										
ATIC		TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),									
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, W								S. WERE FINE	DINGS CONSIDERED		
ERTI	02-29	ca sur	ecist	Simple		NO					
	21 A. ACCIDENT WAS	ACE OF MJURY	e.g., in or oby 121C. WHERE DID (If in Boltinet, office bliffs, INJURY OCCUR?				ity, give exoct location)				
EDICAL	DEATH (notify medical	exominer)	etc.)								
EDI	21 D. TIME (Month) OF INJURY	(Doy) (Year) (Hour	21 E. IN	JURY OCCURRED)	21F. HOW DI	D INJURY OCCUR	??			
8	(APPROX.)				While Work						
	22. I certify that (X) (this haspital) attended the deceased from FEBRUARY 2, 1968 to MARCH 3, 1968. That (X) (we) last saw the deceased alive an MARCH 3, 1968 and that in (m)XX(aur) apinion death accurred an the date										
	and haur and from the causes stated abave. (Me) (Me) (did) (XiX XX) View the bady after death.										
	23A. SIGNATURE	me cuoses sidied doi	1 ve. 14) (me) (did) (A)A)	MANAGEM II	23B, DATE SIGNED					
	Han	us		Attending	Med. Director	Stoff Phys.		03-03-68			
	23 C. PHYSIGHAN'S			OEGREE	Phys. L			O MD			
	NAME (Type)	MELINEY 17A	DEII						. 21229	AVE	
24.4	HAMID N	MEHEX IZA		E of CEMETERY	LOKEL		OSPITAL		NS & CATON		
	BURIAL CREMATION REMOVAL (Specify)								town, or county)	(Stote)	
	Burial	3-6-1968		Cathedral				ore, Ma	*		
25 A	MAR 6 10		-	REGISTRAR		C. FUNERAL DIRE	F14	/ 1 0 =	ADDRESS	010	
	MAN 0 19	68 Robert	E. Va	abey MA	H	oward H.	Hubbard,	410/ Wi	1kens Ave.	212	

SARSITE A

SAC party and the little person find precession.

	BALTIMORE CITY	HEALTH DEPARTMENT	1/-	
7-422 68-25 BIRTH NO.	91 CERTIFICA	TE OF DEATH	REG NO	68 2591
T.NAME OF DECEASED (Type or Print) FULKOSKI ELSIE	BELL	2. DATE AND H	3, 1968	10:10A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		MARYLAND B. COUNTY	Its. Cs. 21	228 53
ST. AGNES HOSPI	AVES.	E. STREET AND NUMBER	2777 1122	YES NO
BALTIMORE, MARY	LAND 21229	303 WESSLING	CIRCLE	
S. SEX 6. RACE 7. MARR	IED X NEVER MARRIED DIVORCED DIVORCED	lost	GE (In years birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life expendit efficied)	OF BUSINESS OR INDUSTRY	MARYLAND	ountry)	U. S. A.
13. FATHER'S NAME MICHAEL LUH		14. MOTHER'S MAIDEN NAME ELSIE CAVEY		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NO.	ST. AGNES HOS		
UNDERLYING CONDITION lost. / 53, 8 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	NG	20A. AUTOPSY? (Yes or No) 20		INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID		City, give exoct (Scotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not White Work Not Work	21F. HOW DID INJURY	OCCUR?	
22. I certify that () (this hospital) attended that () (we) lost sow the deceased alive	on MARCH 3	1968ond that in	68 to MARC	
ond hour and from the couses stated above 23A. SIGNATURE	. 10	ending Med. Staff		23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) ALEJANDRO MAJIA	DEGREE	CATON & WILKE		21229TO., MD.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B.	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCA	TION (City	y, town, or county) (Stote)
	Loudon Park Cem	etery Balt 25C. FUNERAL DIRECTOR	imore, Mar	ryland ADDRESS
MAR 6 1968 Robert E. J.	albey H.A	Howard H. Hubbar	d, 4107 W	ilkens Ave. 2122°

Control of the latest and the second

and the parameter than

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

V\$ 150-REV. 1/1/6B

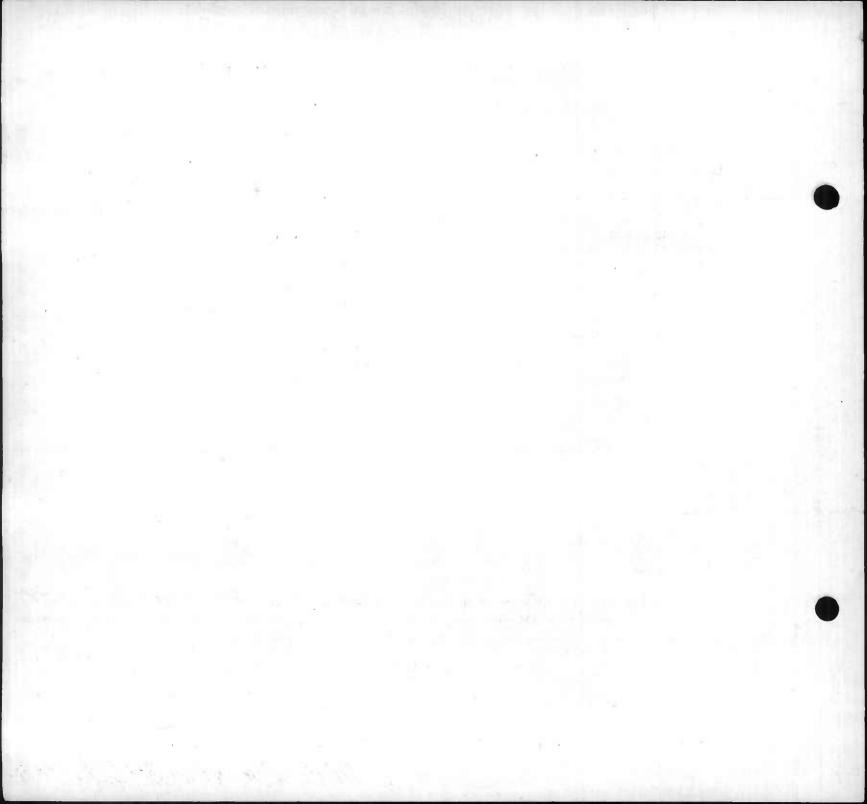
68- 2592

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

68	2592

II. N	TH NO.		CERTIFICA	2. DATE AND HOUR OF DEA	TU
- '	e or Print)	Jame		Feb.29,1968	6:15
3. P	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before odn
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	Md • c. City or town Balto •	INSIDE CITY, LIMITS?
57	2542	Arunah Ave	•	E. STREET AND NUMBER 2542 Arunah Ave.	YES NO NO
5. SI	EX Male	6. RACE Colored	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	If Under 1 Yr. If Under 2 Months Doys Hours
		vorking life, even if retired)	10B, KIND OF BUSINESS OR INDUSTR	Aiken S.C.	12. CITIZEN OF WHAT CO
13. F	FATHER'S NAM	ΛE		14. MOTHER'S MAIDEN NAME	
	James	Herrin		Elizabeth Molton	
15. V (Yes,	Wos Deceosed , no or unknown)	Ever in U. S. Armed For	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no			Elizabeth Gresham 25	42 Arunah Ave.
		R CONDITIONS, if		AS A CONSEQUENCE OF:	
CATION	rise lo the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C	above couse (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	any, giving (B) DUE TO, OR A (C)	cia -lucious To Poliomy	
RTIFICATION	rise la lhe UNDERLYING 491 OTHER SIGNIF TO THE DEAT	above couse (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	any, giving DUE TO, OR A Stating The (C)	CIR - INCIDENT TO POLISHING	elefis 20 yrs . ERE FINDINGS CONSIDERED CAUSES OF DEATH?
	OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	above cause (A) CONDITION last, II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1198, CON	any, giving DUE TO, OR A Stating The (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI	ERE FINDINGS CONSIDERED
DICAL	OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	above cause (A) CONDITION last. II CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1798. CON WAS PER IT WAS UNDERLYING	any, giving Stating The CC)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING office bldg., INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL	other signification of the deat of the dea	above cause (A) CONDITION last.	any, giving Staling The CC	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location)
MEDICAL	other SIGNIF TO THE DEAT DISEASE OR CO. 19A. DATE OF OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we)	above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER IT WAS UNDERLYING THING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this hospito	any, giving Staling The CC	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING a, in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 1968 to ond that in (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location)
MEDICAL	TISE IO THE UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C. 19A. DATE OF OR CONTRIBUTED TO THE UNDERTH (Notify 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) ond hour ond 23A. SIGNATU	above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T OPERATION 198. CON WAS PER IT WAS UNDERLYING ITING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this hospito lost sow the decease	ANTRIBUTING HE TERMINAL IT I (A). 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work No	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 ond that in (my) (our) vlew the body ofter deoth. thending Med. Staff Phys. Director Phys.	ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location)
MEDICAL	TISE ID THE UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR CO. 19A. DATE OF 21A. ACCIDEN OR CONTRIBUDEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we) ond hour ond 23A, SIGNATU 23C. PHYSICIA NAME (1)	above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 119B. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this hospito) lost sow the deceose I from the causes sto	any, giving stating the Co	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING IN CERTIFYING 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	ere FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location) 2/2 9 19 opinion death occurred on the location of the location o
MEDICAL	other signification of the death of the deat	above cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO T OPERATION 198. CON WAS PER IT WAS UNDERLYING ITHNG CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this hospito lost sow the deceose I from the causes sto RE N'S (Pe) BANFE	ARAPLE NTRIBUTING HE TERMINAL IT 1 (A). DIDITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While At Not Work No	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING ", in or obout 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	ere FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location) 2 / 2 9 19 opinion death occurred on the location of the location



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-43	0	00 00	BALTIA	ORE CITY	HEALTH DEF	ARTMENT		V	68	2593	3
DIE	TH NO.		68- 25	93 CERT	TIFICA	TE OF I	DEATH	REG	NO			
1.1	NAME OF DECE		11		/			ND HOUR O	DEATH	/ >	20	
		u/T	He	en	۷.	Ta HELLAL BE	SIDENCE (Who	4	6 8	3	an halasa	P - M.
3.	PLACE IN BALT	IMORE' MARYKA	ND, WHERE PROP	OUNCED DEAD		A. STATE	B. COUR	NTY	Ved. II Insi	A A) delote	oomission/
FU	LL NAME OF		HOSPITAL OR INS	TITUTION, GIVE S	TREET	C. CITY OR TO	DWN 7	09	IN INISID	E CITY LIMITS	,00	-00
/ IN	STITUTION			11	1	1.	oniam			YES T	NO	
1/	-	Men	iorial	NOS9	2641		ND NUMBER		1		1	
4						24	Evai		ove.			
	1	6. RACE	WIDOWI		RCED	3/29	/27	9. AGE (In y lost birthdoy)	eors	If Under 1 Yr Months Doys	s Hours	der 24 Hrs. Min.
		PATION (Give kind orking life, eyen if	of work 10B, KIND	emoly	LINDUSTRY	M. BIRTHPLA	CE (State or fore	eign country)		12. CITIZEN	DF WHAT	COUNTRY?
	How	seri5	C, 1855	7/K	ev	N	19.	1.18		u	16	7
. 13:	HHER'S NAN		100	rd rd		14. MOTHER	MAIDEN NA	1	drie	KF	Lendi	eick
		Ever in U. S. Am	ned Forces? or dotes of service	1 6. SOCIAL SECURITY	NO	17. INFORMA	NT	-		ADD	DRESS	
	NO			220-22	-2333	Calus	~ 5	Lul	4. >	Same.	as H	4
	18502	91		CAUSE	OF DEATH	1					PROXIMATE EEN ONSET	INTERVAL AND DEATH
		E OR CONDITION				M		1/1	-	-		
	(This does no	ol mean the ma	de of dying, e	9-, DUI	TO, OR AS	CONSEQUEN	CE OF:	a L	Hyare		100000000000	******
	injuly of camp	plication which	meons the diseo caused death.)	se,	E	Sron che	pneun	nonia				
	A	NTECEDENT C.	AUSES	(B)	1 Cute	- rend	-4	ure.				
			i, if ony, givi (A) stating t	· · · 9	TO, OR AS	A CONSEQUE				1	. 1	1
	UNDERLYING	CONDITION I	ıst.	(c)	<u> </u>	mpho	ma				T. Y	ien
z	202,1		ns contributin	G		,					,	
ATIO	TO THE DEATH		D TO THE TERMINA									
FIC	19A. DATE OF	OPERATION 19	B. CONDITION FO	R WHICH OPERA	TION	20A. AUTO	PSY? (Yes or N	o) 20B. IF YE	S, WERE FI	NDINGS CON	NSIDERED	
CERTIFIC	21A ACCIDEN	T WAS UNDERL	VING T	21B. PLACE OF IN	IIIDY (e.g., ir	or obout 21 C	WHERE DID	IIE	n Rollimore	City, give exo	oct location)	
4	OR CONTRIBUTE	TING CAUSE (OF C	nome, form, foctor				111	II Bollinore	City, give axo	er rocorron,	
EDIC	21D. TIME	(Month) (Doy)	(Yeor) (Hour)	TE. INJURY OCC	URRED	21 F.	HOW DID IN	JURY OCCU	??			
×	(APPROX.)			While At	Not While At Work			/		/		
	22. I certify	that (1) (this ha	spital ottende		from	1/21		1908		1 6	1/1	1968
	/7		ceosed olive o	4//	1 1	198	and t	hot in (my)	(our) opini	on death oc	curred o	n the dote
	and hour and	from the couse	s stated above	(I) (We) (did)	(did not) v	iew the body	after deoth.					
	23A. SIGNATUI		//							23B. DATE SIC	SNED	
	/AL (X-	1100	cont		OEGREE Phys		Med. Director	Shaff Phys.		3/4	16	8
	NAME (Ty	rpe)				23De ODDRESS	Mar	, - MODIĀ	1.166	DATATA	1	
	DR. H		HOLCOM	NAME OF CEME	DEGREE	MATORY	N 10 N/ 101	LOCATION	K ALAZ	, town, or con	untv)	(Stote)
:	REMOVAL (S		7 6 9 7	1./.	. /		(,-117	00 m	4/	
25	A. DATE REC'D	BY HEALTH DEP	7-08 4 1. 258 NAM	Maney E OF REGISTRAR	Vale	2SC. FUN	ERAL DIRECTO	R	pool		ADDRESS	100
	MAR 6	1968 RJ	200 E. 3	2 cheuMA		Jorn (Cook. K	0 4	Town	son T	250 gr	on pod
VS	150-REV. 1/1/6	В				W					21	201

Manner for hermaly will be Etter / forming The same of the .= 17.47

24C. NAME of CEMETERY or CREMATORY

Greenmount Crematory

25B. NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

(City, tawn, ar county)

ADDRESS

Baltimore City, Md.

Wm. Cook-Brooks, Inc. 1217 St. Paul St.

(State)

REMOVAL (Specify)

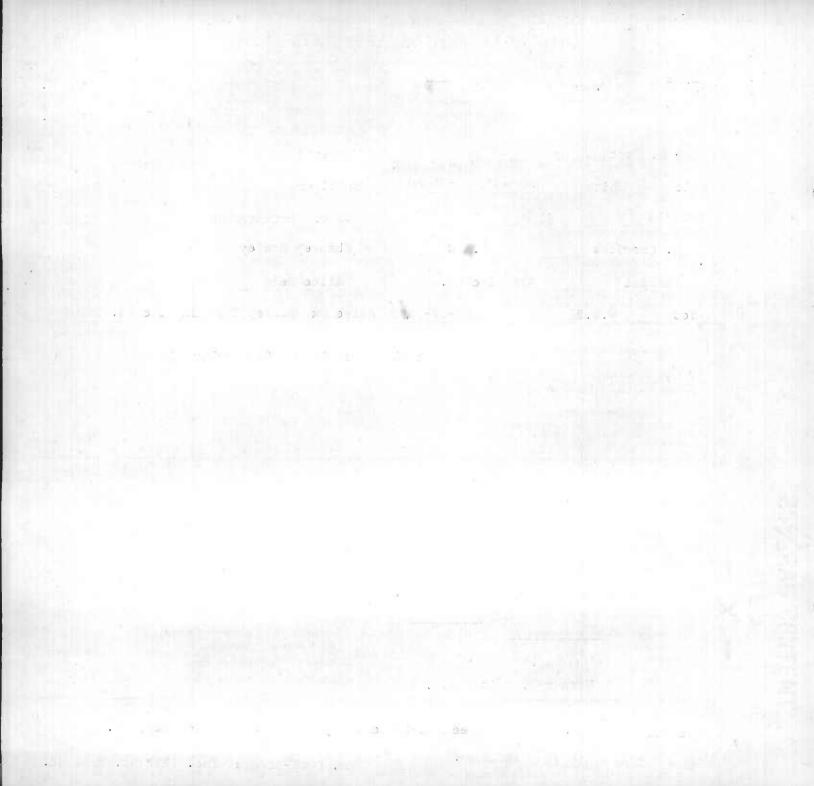
24A. BURIAL CREMATION,

Cremation

25 A. DATE REC'D BY HEALTH DEPT.

24B. DATE

3/5/68



W-623 68-	2595 CERTIFICA	TE OF DEATH REG. NO	. 68- 2595
BIRTH NO. 1. NAME OF DECEASED (Type or Print) ROBERT R. W		2. DATE AND HOUR OF DI	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived A, STATE B, COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	MARY LAND C. CITY OR TOWN	INSIDE CITY LIMITS
35 CHURCH HOME AN	D HOSPITAL	BALTIMORE E. STREET AND NUMBER 2022 FOUNTAIN ST.	YES NO
SEX 6. RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	s If Under 1 Yr., If Under 24 H Months Doys Hours Min.
White	DOWED DIVORCED	MARCH 17, 1908 lost birthdoy) 59	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, I done during most of working life, even if retired) SHIPYARD WRINGER RE	kind of Business or Industri etired	PENNSYL VANIA	12. CITIZEN OF WHAT COUNT
JOHN A. WRIGHT		14. MOTHER'S MAIDEN NAME ANNA NOLE	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	196-09-1877	Mrs. Elizabeth Wright	2022 Fountain St.
TISE TO THE OBOVE COUSE (A) STORY UNDERLYING CONDITION TO THE TELE TO THE DEATH BUT NOT RELATED TO THE TELE DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	(C)		WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
THE COLUMN			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boffice bldg., INJURY OCCUR?	offimore City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Ho OF INJURY (APPROX.)	While At Not Wh	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this haspital) att that (I) (we) lost sow the deceased all and hour and from the causes stated o	ve on MARCH 5	19 65 and that In(my) (out	r) opinion deoth occurred on the c
23A. SIGNATURE	*		23B, DATE SIGNED
Generan	DEGREE		
23C-PHYSICIAN'S		23D. ADDRESS	3-5-68
23C. PHYSICIAN'S NAME (Type) VENE RACL	ON, Jr. M.D.	CHURCH HOME AND	HOSPITAL
NAME (Type)	ON Jr. M.D. DEGREE 24C. NAME of CEMETERY OF CI	CHURCH HOME AND	
VENERACIONAL CREMATION, REMOVAL (Specify) Burial NAME (Type) VENERACI 24B. DATE 3-8-1968	24C. NAME of CEMETERY of CI	CHURCH HOME AND 24D. LOCATION Baltimore C	HOSPITAL
NAME (Type) VENTE ACC. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 3-8-1968 25A. DATE REC'D BY HEALTH DEPT. 25B.	24C. NAME of CEMETERY OF CE	CHURCH HOME AND	Hospital (City, town, or county) (Stote

MILE WHITE

SUIPSARD WEINSER

JUNEAN A WEIGHT

SALITYTORE

NESS FRANCISCO ST

HARCA ! 18 59

ALCOHOLDER MARTINE

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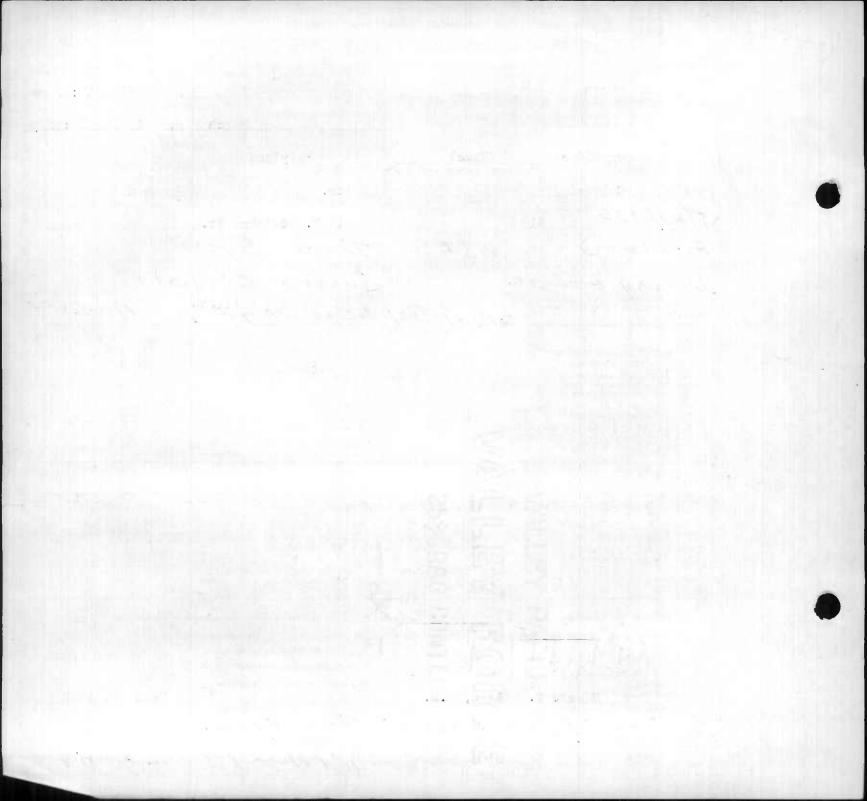
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SHOOL SAMSONESS TAY TO STUBE IN THE STUDY

Make 5 ...

TO SEA SALE OF THE CONTROL WARE AND THESE FOR

60 5000	EALTH DEPARTMENT	0.50
	CERTIFICATE OF DEATH REG. NO. 68	- 2596
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy	Yeor Hour
DELLA QUEEN		58 10:15 p M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 5. 19	968 10:15 m
OR INSTITUTION 14 N. STRICKER TI	5. USUAL RESIDENCE (Where deceased lived. If institution: resi	
	A. STATE B. COUNTY	1000
Above address (Home)	Maryland	170
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LI	MITS?
Female Colored WIDOWED DIVORCED	Balto. YES	NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	. E. STREET AND NUMBER	
Months, Doys, Hours, Min.		
0/20/1/0 61	14 N. Stricker St.	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
A, A, COMD DAHA COUNTRY?	THOMAS CLUBON	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
Apundanguring mastof warking life, even if retired)	SOUDME GIBSON	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRE	cc
Yes, no or unknown) (If yes, give wor ar dotes of service) SECURITY NO.	ADDRE	Muchanist
217-01-302/	ALICO WRIGHT DIIW.	10040001
19. CAUSE OF DE	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
473 1		BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUETO OR		
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANITECEDENT CALIFEC		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
KISE TO THE ADOTE CAOSE (A) STATITION THE	THE RESERVE OF THE PROPERTY OF	
Z UNDERLYING CONDITION LAST. (C)		
P 24/X "		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OF CONTRIBUTION CONTRIBUTION CONTRIBUTION OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	VAC DEDECORATED	AUTORGUA (V N-)
O	AS PERFORMED	AUTOPSY? (Yes ar No)
$\Delta (\cdot)$		No
	, in or about 22C. WHERE DID (If in Baltimare City, give exact loc	
UNDERLYING OR CONTRIB.	ice bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 220. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	225 HOWELD WHILE OCCUPS	
OF INTURY		
(APPROX)	WORK	
23.		
I certify that I held on Inquiry Inspection X A	utopsy ond that on this bosis, death in my opin	nion
resulted from: Natural gauses Accident Suici	ide Homicide Undetermined monner	
1 11110	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL	AS SISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.	υ.	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	6 1000
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY		h 6, 1968
DEMONIAL IS- ALL	· ·	
Brune 3/11/68 WESTER	N Star CATUNSVILLE	(1)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS	FSS
	m p Day 638-N GIL	- 11
MAR 6 1968 Robert E. tarkeyma	W 1212 P28-N PIT.	mas 1 th



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1 200		BALTIMORE CITY	HEALTH DEPARTMENT		00 0500
1-200	68-259	7 CERTIFICA	TE OF DEATH	REG. NO	68- 2597
BIRTH NO. 1. NAME OF DECEASED		ODICTIO .		HOUR OF DEATH	
(Type or Print) (155A	U, ELIZ.	ARETH			SA M
3. PLACE IN BALTIMORE, MARY	LAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	SA M litution; residence before admission)
			A. STATE B. COUNT	rev 1/1	BALT OF KZ
HOSPITAL OR ADDRESS	OR LOCATION	UTION, GIVE STREET	C. CITY OR TOWN	TO INISID	E CITY LIMITS?
INSTITUTION			BALT		YES NO
111			E. STREET AND NUMBER		153 140 1
47 Union Memor:	al Hospital		3114 PELF		
S. SEX 6. RACE	7. MARRIED	NEVER MARRIED	11	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
μ ω	WIDOWED		5-23-87	80	
tOA. USUAL OCCUPATION (Give k		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
Housewife			AUSTRIA 14. MOTHER'S MAIDEN NAM		Austria
13. FATHER'S NAME					
JOHN KUR	272		BINDER	, EX124	BETH.
15. Was Deceased Ever in U. S.	Armed Forces?	16. SOCIAL	17. INFORMANT	1 - 1 - 1	ADDRESS
(Yes, no or unknown) (If yes, give w	or or dotes of service)	SECURITY NO.	5011.	•••	SAME.
No. 18, 1 0 1 1		213-28-2476 CAUSE OF DEATH	John R	Lissau	APPROXIMATE INTERVAL
DISEASE OR CONDI	TION DIRECTLY			-	BETWEEN ONSET AND DEATH
LEADING TO			OFDEBRAL	HEMCRRAG	F 22 0445
(This does not mean the		DUE TO, OR AS	SE CEREBRAL A CONSEQUENCE OF:	Y	
heart failure, asthenia, etc.					
ANTECEDENT	CAUSES				
DISEASES OR CONDITIO	NS. if any, giving	(B)OR AS	A CONSEQUENCE OF:		
rise to the above car	use (A) stoting the				
UNDERLYING CONDITION	last.	(c)			
z 33/X II					
OTHER SIGNIFICANT CONDIT					
DISEASE OR CONDITION GIV		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FI	NDINGS CONSIDERED
	WAS PERFORMED	THE STATE OF THE S		IN CERTIFYING CAU	SES OF DEATH?
U 121 A. A CCIDENT WAS UNDE	RLYING 218	R. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
OR CONTRIBUTING CAUS	E OF hom	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?		
O 21 D. TIME (Month) (Do		. INJURY OCCURRED	21F. HOW DID INJU	Inv Occiles	
S OF INJURY		nile At Not While		oki occok:	
(APPROX.)	Wo	NK - N WOR			
22. I certify that (1) (this	hospital) attended t	he deceased from F		9 68 to HAK	CH 3 1960
that (1) (we) last saw the	deceased alive an	HARCH 5	19 68 and the	t in (my) (aur) apin	fan death accurred an the dat
and have and from the ca	uses stated abave. (1) (We) (did) (did nat) v	lew the bady after death.		
23A. SIGNATURE	, //	,	· · · · · · · · · · · · · · · · · · ·		23B DATE SIGNED
120 V	(Join		nding Med.	Staff	3-5-68
23C. PAYSICIAN'S		GEGREE Phy	23D. ADDRESS	Phys. 🗀	
NAME (Type)	· V DAG	MILLOW DE	3701	J CHAI	P155 87
HARDUCIS	X COK	OEGREE OEGREE	J		
24A. BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24C. N	AME of CEMETERY of CR	MAIORT 24D. LC	CATION (City	, town, or county) (Stote)
Burial 3/		adowridge	Bal	timore, Mary	rland
2SA. DATE REC'D BY HEALTH D		OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
THAT U	300 De la	E. Stanley M.A.	Leonard J Ruc	The Relate	bre Frack erom

VS 150-REV. 1/1/68

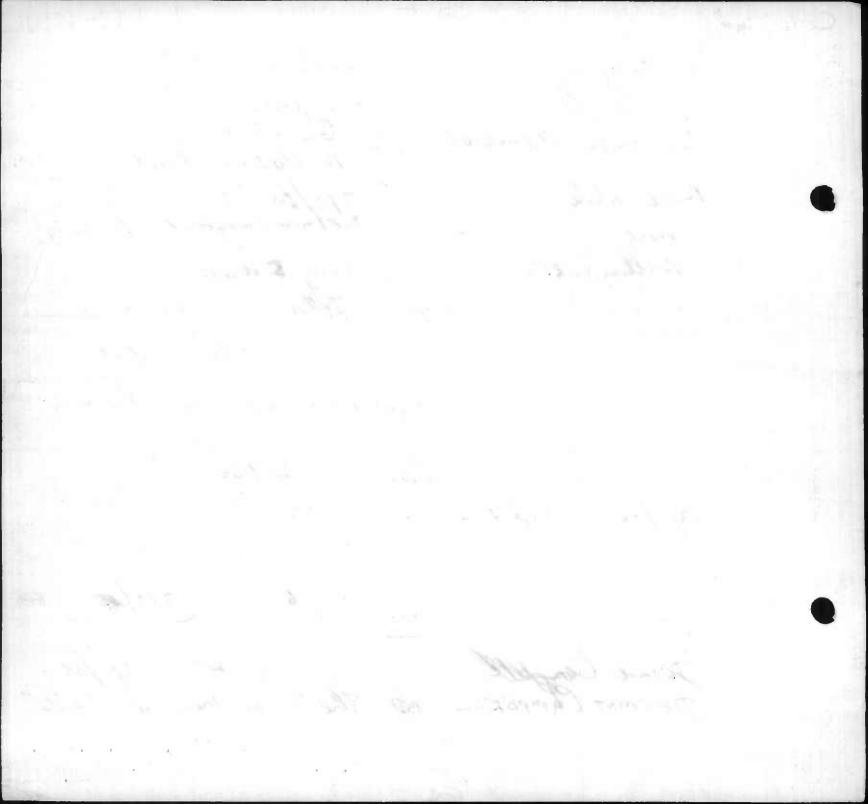
And the second tell and the second

68-				DEATH	REG. NO
	Eliza			MAT	PCh 5
WHERE P	RONOUNCED DEAD	D	4. USUAL A. STATE	RESIDENCE (Where B. COUNT	deceased lived.

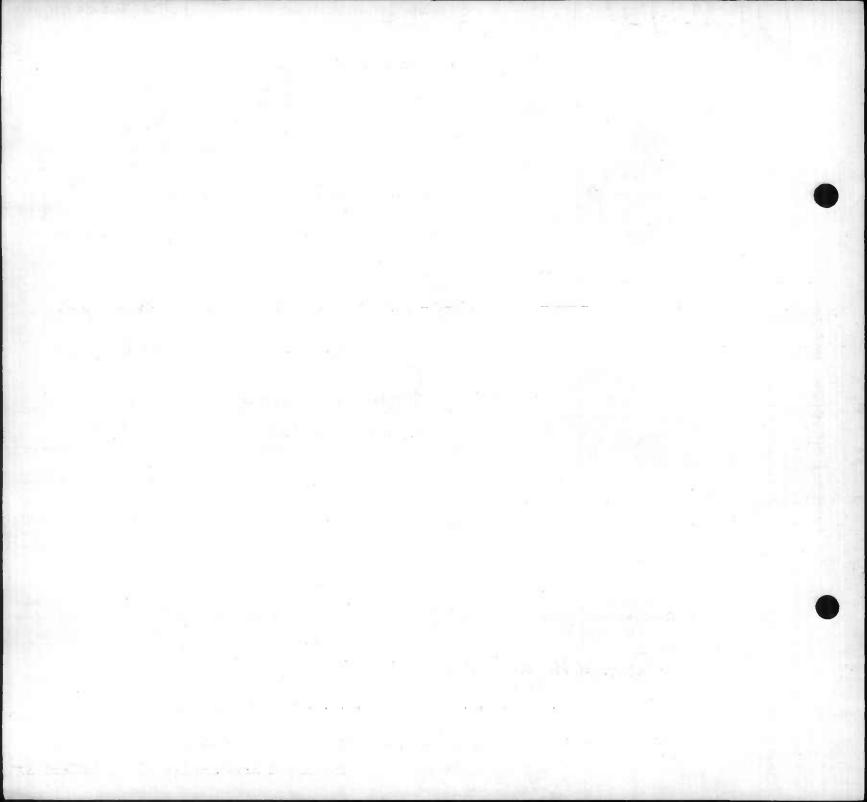
	00-	DECO BALTIMORE CITY	HEALTH DEPA	RTMENT		68-	2598
RIE	68- RTH NO.	CERTIFICA	TE OF D	EATH	REG. NO	00	2000
1.1	NAME OF DECEASED	Eliza H.	W.	2. DATE AND HOU MARC	451	968	600 PM
TU H	PLACE IN BALTIMORE, MARYLAND, WHERE PRINCE TO THE PRINCE OF THE PRINCE O	AENUEU	4. USUAL RESI A. STATE MAR C. CITY OR TOV	B. COUNTY	12	E CITY LIMITS?	e before odmission)
	Reswick Hu	using Hane	BAL E. STREET AND 700	NUMBER H	J.AM	YES A SS	ADOR
		WED DIVORCED	APR.	128th 9. AGE lost birth	(In years hdoy) 97	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	NUSUAL OCCUPATION (Give kind of work 10B, KIN to during most of working life, even if retired)	ON N HOM I	HAR	Y AND	try)	12. CITIZEN OF	S. A.
0	JAMES McKenny	Cohite	MAR	MAIDEN NAME THE MAINTE	ARIA	Gold.	smith.
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of ser	16. SOCIAL SECURITY NO.	Tran	garel,	S. An	od by	P.77
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis		4) Lamo	ma		OXIMATE INTERVAL N ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, g	(B)	A CONSEQUENCE	hysen	K.	/	lars
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	(c)	CVB	Perl	emson	isa	Year
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL					
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOR	(Yes or No) 20B, IN C	IF YES, WERE FILE	NDINGS CONS SES OF DEATH	?
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or obout 21 C. W ffice bldg., INJUR	HERE DID Y OCCUR?	(It in Boltimore	City, give exact	location)
MEDIC		21E. INJURY OCCURRED While At Not While Work Not Work	ie 🦳	OW DID INJURY O	CCUR?		
	22. I certify that (1) (this hospital) attention (1) (we) lost sow the deceased alive and hour and from the causes stated about	on	19_6	ond that left	to MAR	on death acc	19.68 curred on the dots
	23A. SIGNATURE Rt Count	1	ending A	Ned. Staff Phys.		23B, DATE SIGN	NED - 68
	R.K. Gundry	OEGREE	23D. ADDRESS	700 West			
	REMOVAL (Specify)	4C. NAME of CEMETERY or CR	EMATORY	24D. LOCATIO		, town, or coun	
	A. DATE REC'D BY HEALTH DEPT. 25B. NA	Greenmount AME OF REGISTRAR		Baltim AL DIRECTOR Jenkins & S		4905 You	Md. DDRESS TK Road Md. 2121
VS	1SO-REV. 1/1/6B					Balto.	

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death Shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

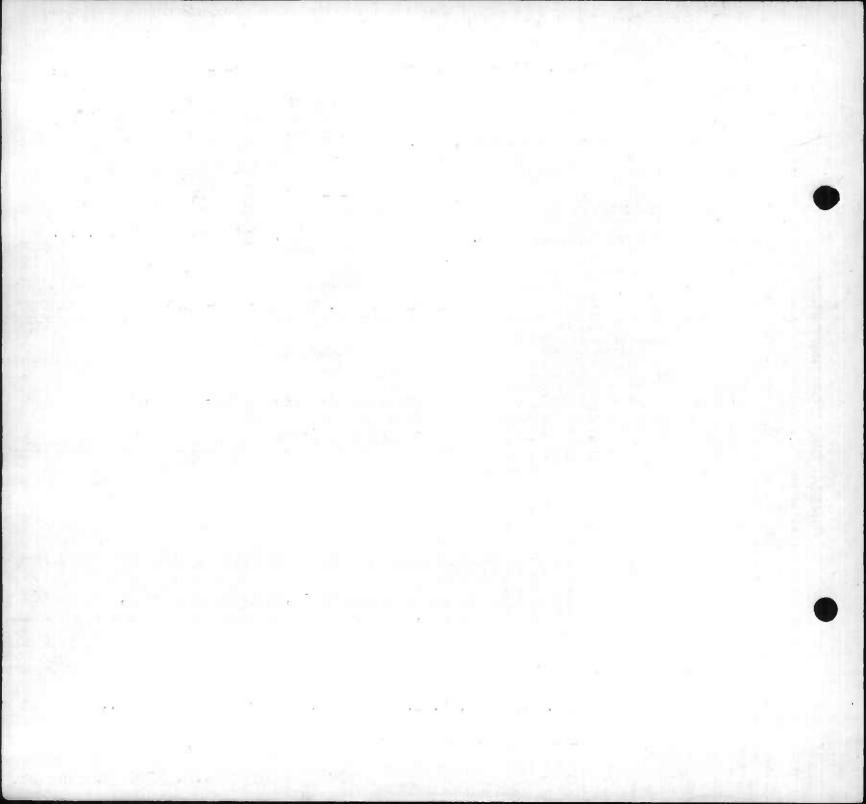
/	00		HEALTH DEPARTMENT	1	68- 2599+
	BIRTH NO. 68-04188 68- 2	599 CERTIFICA	TE OF DEATH	REG. NO	00- 2000
	T. NAME OF DECEASED	Rtis. Char	Ces S. 11:30	D HOUR OF DEATH	(8.) M.
	3. PLACE IN BALTIMORY MARYLAND, WHERE PRO	NOUNCED DEAD		e deceased lived. If Insti	tution: residence before admission)
	FULL NAME OF CIF NOT WHOSPITAL OR IN	STITUTION, GIVE STREET	PEnnsylvania	(1732	17) /-25
	HOSPITAL OR ADDRESS OR LOCATION)	2	C. CITY OF TOWN	8/	E CITY LIMITS?
	The Union Memo.	rial Mait	5 BOLENR	ock	YES NO NO
	The one was	a apolitica	E. STREET AND NUMBER	P	1 FH #3
	5. SEX			9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	Male white WIDOW	IED NEVER MARRIED V	3/1/68	lost birthdoy)	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Mand.	roal.	out house, in	angland.	anexica USA
	13. FATHER'S NAME LOS		14. MOTHER'S MAIDEN NAM	he	
	William Cont Tis		MARCY B. L	rads	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	n o	work.	Telles	G.C	46000
	18.7961	CAUSE OF DEAT	Н	~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		4.	401.	1.
	LEADING TO DEATH (This does not meon the mode of dying,	(A) IMMEDIATE CAL	JSE A SSIVE GI A CONSEQUENCE OF:	Fy let 45,57	SLAR
	heort failure, asthenio, etc. It means the disecting	ase,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	11, 1	1- 100 10) Ro
	DISEASES OR CONDITIONS, if any, give	ing (B) DUE TO OR AS	A CONSEQUENCE OF:	cliense y	. ruansig
	tise to the obove couse (A) stoling UNDERLYING CONDITION last.	the			
	76 2 0 II	(C)			
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG PUDSO	Reur Secti	100	
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	U 214 ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	in or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
		21 E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)	While At Not While Work At Work			, /
	22. I certify that (N) (this haspital) attende		-1110	1968 to 3/	3/18 1960.
	that (14(we) last saw the deceased alive	0/3/		7	an death accurred an the date
	and haur and fram the causes stated obave	/-/			
	23A. SIGNATURE	nn -	, , , , , , , , , , , , , , , , , , , ,		23B. DATE SIGNED
	Donal Constill	DEGREE Atte	ending Med. Director	Staff Phys.	3/2/88.
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	,	19
	DERMOT LAMPBA	ELL MPROBER	The Union	- Memor.	al Hospital
	24 BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	, town, or county (Stote)
	Burial 3/5/68	Parkwood	P	arkville Re	alto.Co. Md
	2SA. DATE REC'D BY HEALTH DEPT. 258. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	is & Sons C	o. 4905 York Rd
- 1	MAR 6 1968 (1) Cul	5 E, stanteum	H. W. Jenkin	Balt	imore Md. 21212
	VS 1S0-REV. 1/1/6B				



-	e or Print)	Yerasim	Kabakovi	ch or Harris		68	112:35 p.
3. P	LACE IN BAL	TIMORE MARYLAND,			1 -1 -1	ere deceased lived. If in	stitution: residence before admission
FUI	L NAME OF	(IF NOT IN HOS	PITAL OR INSTIT	UTION, GIVE STREET	Maryland	/	Salto
HO N S	SPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
13	5				Baltimore E. STREET AND NUMBER		YES X NO
TU	SOUTH B	ALTIMORE GEI	VERAL HOS	SPITAL	7826 Gough S	treet	53 00-
5. S		6. RACE			8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min
	ale	White	WIDOWED		3/17/92	75	
		UPATION (Give kind of v working lite, even if retire		F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fo	reign country)	12. CITIZEN OF WHAT COUN
	Retir	ed	B & 0	Railroad	Russia		1st Papers
13.	ATHER'S NA	ME			14. MOTHER'S MAIDEN N.	AME	
			nk			Unk	
5. V (Yes	Vos Deceosed , no of unknown	Ever in U. S. Armed	Forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		-	705-05-3615	Dorothy Szczu	blewski 7826	Gough Street
	18.4/1	0.91		CAUSE OF DEAT			APPROXIMATE INTERVA
		G CONDITION losi.		(c) 6 VE/M/	A ASCVO		NARY
ICATION	433, OTHER SIGNI TO THE DEA DISEASE OR G	G CONDITION last. FICANT CONDITIONS TH BUT NOT RELATED TO CONDITION GIVEN IN FOPERATION [198. C	O THE TERMINAL PART 1 (A).		A ASCVO	No) 208. IF YES, WERE	FINDINGS CONSIDERED
ATIO	433, OTHER SIGNI TO THE DEA DISEASE OR G	FICANT CONDITIONS FICANT CONDITIONS CONDITION GIVEN IN FOPERATION 198. C	O THE TERMINAL PART 1 (A).				FINDINGS CONSIDERED
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	H NO. AME OF DECEASED		ATE OF DEATH 2. DATE AND HOUR OF DEATH	
Тур	e or Print) Fred G.	Coleman (Fredri	ck) 3-4-68	1.2
3. P	LACE IN BALTIMORE, MARYLAND, Y	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence b	efole odn
FUL	L NAME OF (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	Maryland 1X	1
HO:	SPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET CATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?	1
	9 Provident	Hospital, Inc.		6 🗆
-	3 7	inospirodi, inc.	E. STREET AND NUMBER	
5. \$1	EX 6. RACE		1511 Presser Court	
M	ale Negro	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	3-8-96 lost birthday Months Days H	lours
	USUAL OCCUPATION (Give kind of wo during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF W	HAT CO
	nsolidated Engine	Datimad	Virginia, Princess Ann Co. W.S	.A.
	ATHER'S NAME	11119 000	14. MOTHER'S MAIDEN NAME	
	MITTEN OCT THE	18.7	ELLA COLEMAN	
15. V	TULLEY COLEMA Vos Deceased Ever in U. S. Armed For the control of		17. INFORMANT ADDRESS	S
(Yes,	no or unknown) (If yes, give wor or do	tes of service) SECURITY NO.		AME
-	18. 44. 0 0 1	213-05-735 CAUSE OF DEA		MATE INT
	1/04/		BETWEEN C	
	DISEASE OR CONDITION D		Empharaeme	
	(This does not mean the mode o	d dying, e.g., (A)IMMEDIATE CA	USE Emphysema	
	heart foilure, asthenia, etc. It mean injury or complication which couse	s the disease,	A CONSEQUENCE OF.	
	ANTECEDENT CAUSE		Wibis	
		(B) PULMON	ary Fibrosis and car pulmonale	
	DISEASES OR CONDITIONS, if	alatina the		
	UNDERLYING CONDITION Iosi.	(c) Myocar	dial Failure	
_	527,1 11			
	OTHER SIGNIFICANT CONDITIONS CO			
CAT	DISEASE OR CONDITION GIVEN IN PA	RT 1 (A).	20A ALIZADENS (V N. N.) 20B IF VEC MISER FINDINGS CONTIN	
ERTIFIC	19A. DATE OF OPERATION 19B. COL	REPORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDE IN CERTIFYING CAUSES OF DEATH?	EKED
CER	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIBY (a.a.	in or about 21 C. WHERE DID (If In Baltimore City, give exact loc	otion)
	OR CONTRIBUTING CAUSE OF	home, form, factory, street,	office bldg. INJURY OCCUR?	.011011)
4	DEATH (notify medical examiner)			
2	21 D. TIME (Month) (Doy) (Year		21F. HOW DID INJURY OCCUR?	
AEDI	(APPROX.)	While At Not Wh	Ae C	
AEDI	22. I certify that (1) (this haspite	ol) ottended the deceased from F	ebruary 18, 1968 to March 4,	19
MEDI		Manch 4	19. 68 ond that in(my) (our) opinion death accurr	
MEDI	that (I) (we) lost sow the deceas	sed alive on Figure 11		red on
MEDI	that (I) (we) lost sow the deceas			red on
MEDI	that (I) (we) lost sow the deceas ond hour and from the couses sta	ated obove. (I) (We) (did) (did not)	view the body ofter deoth.	
MEDI	that (I) (we) lost sow the deceas	ated obove. (I) (We) (did) (did not)	view the body ofter deoth.	
MEDI	ond how ond from the couses sto	ated obove. (I) (We) (did) (did not)	view the body ofter deoth. And Staff Phys. 238. DATE/SIGNED 238. DATE/SIGNED	
MEDI	that (I) (we) lost sow the deceas ond hour and from the couses sta	Are OF OF GREE Ph	view the body ofter deoth. 238. DATE SIGNED	8
MEDI	ond how and from the couses sta 23A. SIGNATURE COUSES STA 23C. PHYSICIAN'S NAME (Type)	had At	view the body ofter deoth. Amount	8
MEDI	ond how ond from the couses stored and how ond from the couses stored and sto	Banfield. Ma Da	view the body ofter deoth. And Shaff 23B. DATE/SIGNED 3/4/6 23D. ADDRESS 722 N. Fulton Avenue Balto., Ma	8
MEDI	ond how and from the couses sta 23A. SIGNATURE COUSES STA 23C. PHYSICIAN'S NAME (Type)	Banfield, M. D. OEGREE 24C. NAME of CEMETERY OF C	wiew the body ofter deoth. 238. DATE SIGNED	Saryl
WED 24A	that (I) (we) lost sow the decease ond how and from the couses stated as a signature of the couse stated as a signatur	Banfield, M. D. OEGREE 24C. NAME OF CEMETERY OF CE 25B. NAME OF PEGISTRAR	wiew the body ofter deoth. 238. DATE SIGNED	aryl
WED	that (I) (we) lost sow the decease ond how and from the couses stated as a signature of the couse stated as a signatur	Banfield, M. D. OEGREE 24C. NAME of CEMETERY OF CE Carver Memori	wiew the body ofter deoth. Med. Stoff 238. DATE/SIGNED	aryl



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

B-623 68-2602 CERTIFICATE OF DEATH REG. NO. 2568/2 CITY HEALTH DEPARTMENT REG. NO. 2568/2 2. DATE AND HOUR OF DEATH [2. DATE AND HOUR OF DEATH (1.0.00)	- 4.6.31
	002
12. DATE AND HOUR OF DEATH	
(Type or Print) DAVIO H. BRIGHT	Μ.
3 PLACE IN RALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution esidence	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	7
HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	
3 UNIV. OF MARYLAND BALTO. YES NO	
HOLF BELLE AVE.	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdog Months; Doys Ho	Under 24 Hrs.
M WIDOWED X DIVORCED 3-10-1900 61	
10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH	
N.C. Elizabeth City O.	·A
13. FATHER'S NAME	
MILES BRIGHT LENNIE	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	-/1
231-14-7633 EPACE CALLOWAY SAM	75)
	ATE INTERVAL
DISEASE OR CONDITION DIRECTLY POLMONARY EMBOLISM	
(A)IMMEDIATE CAUSE	
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.)	
ANTECEDENT CAUSES (B) ADENO CARCINONIA COLON	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
underlying condition last.	
_ /53,8 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
Z DISTANCE ON CONDITION COVEN IN BART 1 /A/	
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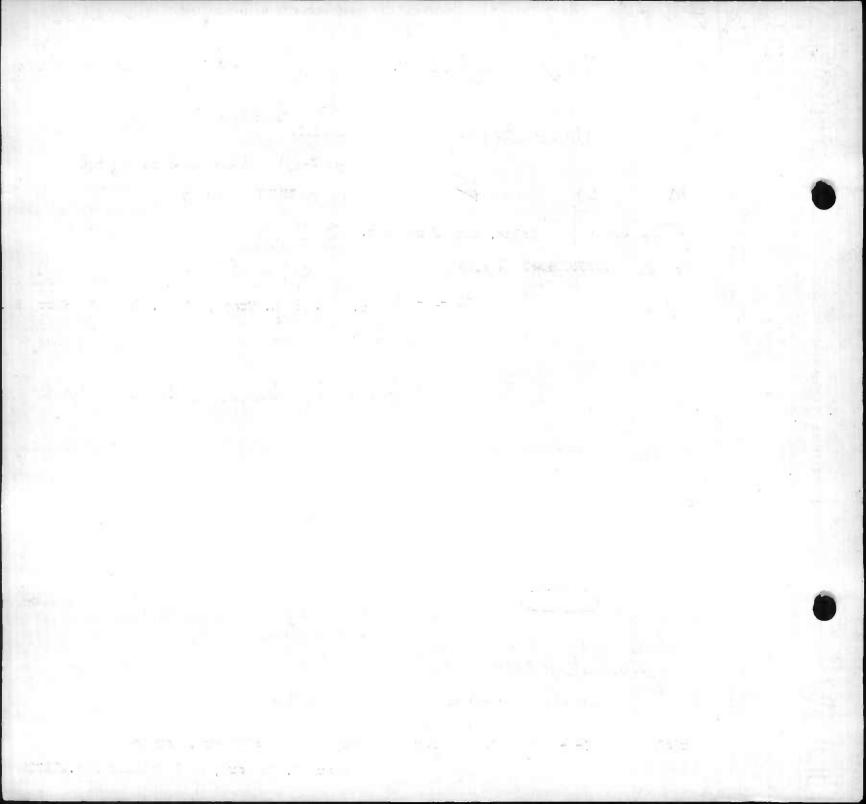
25.00 - 1/4 - 1/4

From I John J. Warfe Han Tax Thill

(Typ	e or Print)	CEASED				2. DATE AND H	i	Н	- 05 4
-		Andrew Colson			The second person		2, 1968	1	7:35 A
FUI	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITU	JTION, GIVE STREET	A. STATE Virgin	B. COUNTY	Accomack		-43
INS	SPITAL OR	U.S.P.H.S. Ho			C. CITY OR TO	WN	D. IN	ISIDE CITY L	
1	X	3100 Wyman Pa	_	0	Tangie	Island NUMBER		YES 🗶	ио 📗
0	4//	Baltimore, Ma			E. SIKEEIMANI	NOWREK			
s. s	-111	6. RACE		NEVER MARRIED	B. DATE OF BIR	lost	GE (In years birthdoy)	II Unde Months	Doys Hours Mi
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		working life, even if retired)			Virgin		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		U.S.A.
13. [FATHER'S NA	ME	2		14. MOTHER'S	MAIDEN NAME			
	Andrew	F. Dise			Georg	ginanna Gi	bbons		
S. Yes	Wos Deceose	d Ever in U. S. Armed Fo	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORM AN				ADDRESS
	No	700, 9110 1101 01 001		227-20-3281	Records	-USPHS Ho	ospital.	Baltin	more, Md.
	1B./62	. /		CAUSE OF DEAT	1			1	APPROXIMATE INTERV
	DISEASES	OR CONDITIONS, if		(B)	A CONSEQUEN	the lun	3		
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This certificate must be approved by the chief methe body was released to the hospital by a med shows: (1) An accident of any nature; (2) Body buwas D.O.A. at a hospital (except where the phydeceased prior to death); and (6) No physician written approval must be obtained before the re	This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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-	- (11)	BALTIMORE CITY	HEALTH DEPARTMENT	V	68- 2604
11	7-610 68-	2604 CERTIFICA	TE OF DEATH	REG. NO.	
	TH NO.	,		ND HOUR OF DEATH	
	pe or Print) TOACR	Julius M.		fito :	3/4/68 8:50 An.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	TY I I I I I I I I I I I I I I I I I I I	nstitution: residence before admission)
FU HC	LL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION STITUTION	R INSTITUTION, GIVE STREET	C. CITY OR TOWN Lint	hicum D. INS	IDE CITY LIMITS?
	30 Univers	In HSP	MXXXXXXX 7	1090	YES NO P
	38	1. (E. STREET AND NUMBER	Hammah	Ferrer Kl
5. 9	SEX 6. RACE 7. M.	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
		DOWED DIVORCED	10-7- \$2097	70	
	USUAL OCCUPATION (Give kind of work 10B. I during mast of working life, even if refired)			ign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	to. City Fire Dep	14. MOTHER'S MAIDEN NA	ME	001-
	Samuel XXXXXXXXX	TRAPP	SILA	Bean	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give war or dates of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21090
	No	017 67 0070	Mr. Kenneth L.	Frapp, 624 N	N. Hammonds Ferry Ro
	18.204,1	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH		eval prumo	an	IWK
	(This does not mean the mode of dying heart failure, asthenia, etc. It means the c		A CONSEQUENCE OF:		
	injury ar complication which caused dealt		- 40 A	-0 4 0	1. A. C.
	ANTECEDENT CAUSES	(8)	we adulant	zlec Jule	une gos
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	9	A CONSEQUENCE OF:		T E DOMESTIC
	UNDERLYING CONDITION last.	(c)			
Z	204,0 OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
ATION	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A	MINAL			
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE IN CERTIFYING CA	
AL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, form, factory, street, a	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltima	re City, give exact lacation)
DIC	21 D. TIME Month) (Doy) (Year) Ho	ut 21E. INJURY OCCURRED	21F. HOW DID INJ	JURY OCCUR?	
X	(APPROX.)	While At Not While Work At Wark	e 🗀		1
	22. I certify that (I) (this hospital) are		123/	1968 10	3 4 19 68
	that (W (we) last sow the deceosed ali	0//	19 0 and th	nat in (my) (our) ap	inion death accurred on the date
	and hour and from the causes stated of	bove. (1) (We) (did) (did not)	view the bady ofter deoth.		
	23A. SIGNATURE	PANI - ALD AH	ending Med.	Staff	23B. DATE SIGNED
	23C, PHYSICIAN'S	DEGREE Phy		Phys.	>17(0)
	NAME (Type) MICHAE	KAliner	ONIU	480	
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	city, town, ar caunty) (State)
]	Burial 3-6-1968	Loudon Park Cem	netery Ba	ltimore, Ma	ryland
	A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	Wilkens Ave. 21229
Ve	150-REV. 1/1/68	E. tarber, Ma	noward n. nub	Dalu, 4107	MITUGIIS TARE TITES
A 3	150-RE 7: 1/1/00				

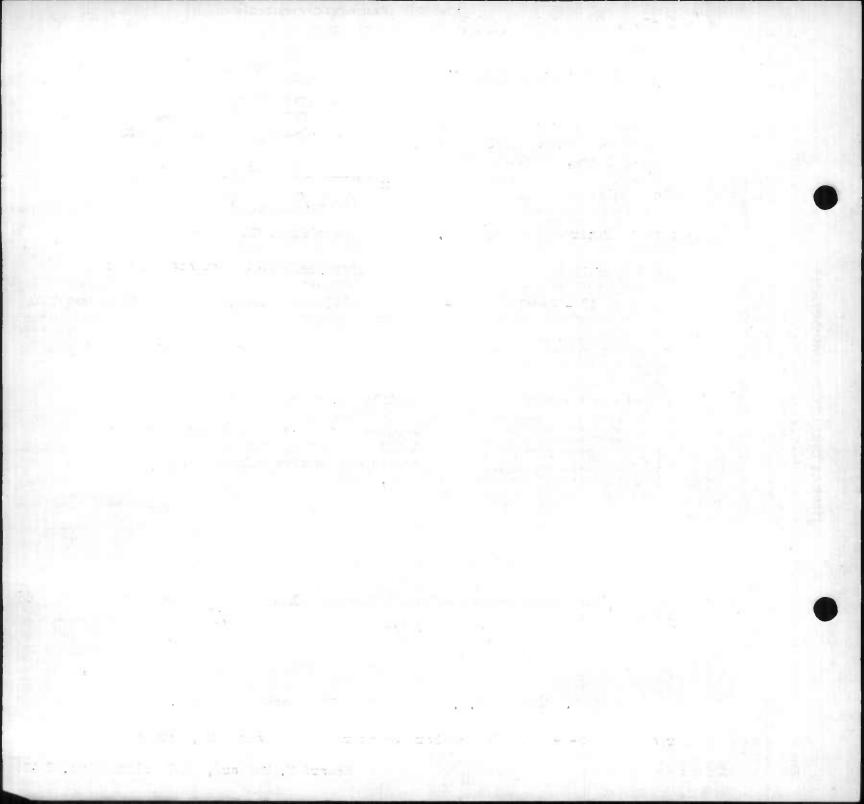


	BIII 1.1 (Ty 3. FL HiN 10/ doi:	MEDICAL CERTIFICATION	24	25	VS
	ed or final disposition is made.	written approval must be obtained before the remains are embalmed or final disposition is made.	en app	writte	
1	tendance on the deceased prior to death. Such	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	sed pi	decec	
	xcept where the physician who pronounced death was in regular attendance on the	was D.O.A. at a hospital (except where the physician who prono	D.O.A.	Was	
	of any kind; (4) Undetermined cause; (5) Deceased	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	s: (1) A	show	
	Iso, if the direct or contributing cause of death	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ody w	the b	
	roved by the chief medical examiner or his assistant if death occurred in a hospital and	This certificate must be approved by the chief medical examiner or	ertific	This c	

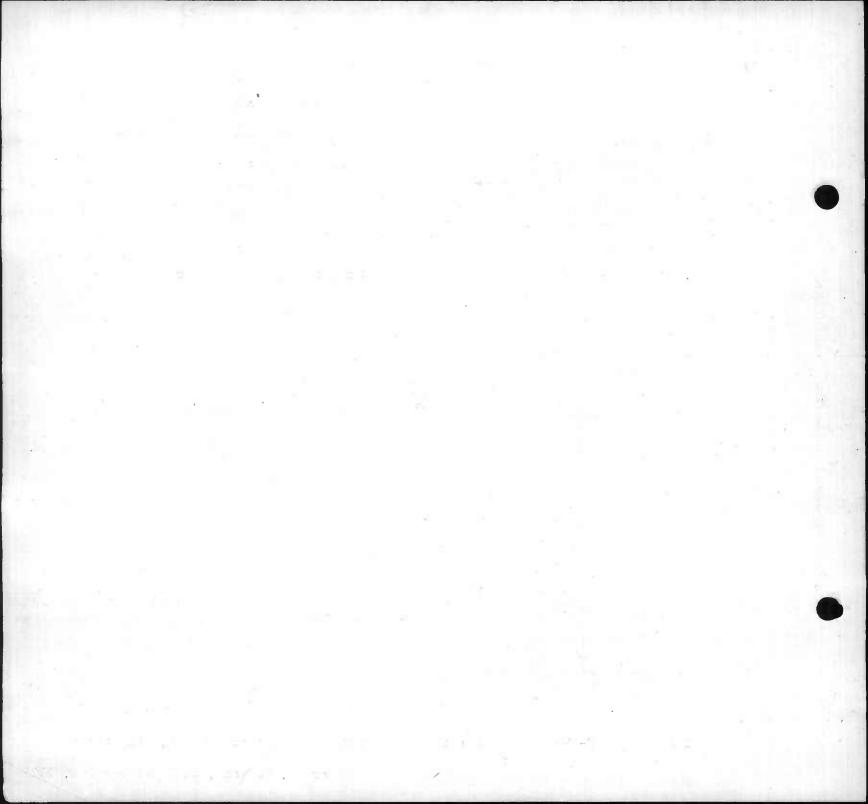
0	100				HEALTH DEPART		V	168	8- 2605
BIRTH N	10. Balto Co.	md. 68	- 260	5 CERTIFICA	TE OF DEA	HTA	REG. NO		
1. NAME (Type or	OF DECEASED	, , ,	/				HOUR OF DEATH		
	RU			Stephen D.	La HEHAL DECIDEN	MARI			1:05
3. PLAC	E IN BALTIMORE, A	MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	B. COUN	1 2 1		esidence before admissio
FULL N.	AME OF (IF N	OT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	MARYLAND	13	A STATE OF THE STA	1228	33.00
INSTITU	TION	NES HO			C. CITY OR TOWN		D. IN	SIDE CITY LI	NO V
160				FC	E. STREET AND N			153	No IXI
70	BALTIM	BRE, LK	ARYLANI	21229	1604 TI	MBERG	CREST DR.		
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	- 14	AGE (In years ost birthdoy)	If Under Months	Doys Hours Min.
MAI		ITE	WIDOWED [DIVORCED	12-22-66		14 MOS		
	IAL OCCUPATION (ng most of working life		10B. KIND OF	BUSINESS OR INDUSTRY		ote or foreig	gn country)		ZEN OF WHAT COUNT
(Child			12	MARYLAND			U	J. S. A.
	IER'S NAME				14. MOTHER'S MA				
	JFF, CHAR		N.		STERN,	XMXX			21229
5. Wos Yes, no o	Deceased Ever in Uprunknown) (If yes, g	. S. Armed Fore	s of service)	SECURITY NO.	17. INFORMANT		BALTIM	IORE,	MADIKERLAND
					ST. AGN	ES RE	ECORDS-CA	TON &	WILKENS A
1B.	746,9	1		CAUSE OF DEATH			1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
7	ta the abave DERLYING CONDI		staling the	(C)	A CONSEQUENCE C	***			
OTH DISE	ER SIGNIFICANT CO THE DEATH BUT NO EASE OR CONDITION	TRELATED TO TH	IE TERMINAL		******************		***************************************		
	DATE OF OPERATIO		DITION FOR V	VHICH OPERATION	20A. AUTOPSY?	Yes or No)	20B. IF YES, WERE IN CERTIFYING C.	FINDINGS AUSES OF I	CONSIDERED DEATH?
U 21 A.	ACCIDENT WAS I	CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHER	RE DID CCUR?	(If in Boltime	ore City, give	e exact location)
21 D. OF I	NJURY	(Doy) (Yeor)		INJURY OCCURRED		DID INJU	IRY OCCUR?		
(A PF	PROX.)		Wor	k L At Work					
				ne deceased from	MARCH 4,	1	9 68 ta MA	RCH_5	19_68
	() (we) lost saw			MARCH 3	19 QQ	ond the	t in ()(y) (our) of	inion deor	th occurred on the d
	6	e couses stot	ed obove. (1	(We) (did) (did not) vi	ew the body ofte	r deoth.			
	SIGNATURE	K9V-	eagly:	M Atter	ding Med.	or 🗆	Shaff Phys.	23 B. DAT	March 1468
23 C.	PHYSICIAN'S NAME (Type)	LIE & O.L.			CATON &	WILKE	NS AVES.	RΛι	21229
4A. BUI	JOHN RIAL CREMATION,	WEAGLY		ME of CEMETERY of CRE	_			City, town, o	TO, MD.
REA	MOVAL (Specify)	3-7-1968		timore Nation			timore, Ma		
	TE REC'D BY HEAL	TH DEPT	258 NAME O	E DECISTRAD	25C. FUNERAL		.c.inoac, na		ADDRESS
M	AR 6 1968	8 000	88.40	wey MD			bard, 4107	Wilke	ens Ave. 2122
/S 160 S	PEV 1/1/68	1 JUNOUL	~ -,		1				

AE , A CONTRACTOR LATRICE CEMPA . T. LATRICE CEMPA

	H NO.		2606 CERTIFICA		TE AND HOUR OF DEATH	
Тур	e or Print)	CRAMBLITT.	CLARENCE A.	M	arch 4, 1968	12:03 P
FU	LL NAME OF SPITAL OR THUTION VE	if not in Hospit address or local terans Admini OO Loch Raver	AL OR INSTITUTION, GIVE STREET ATOM) Astration Hospital Boulevard	A. STATE Maryland C.CITY OR TOWN Baltimor E. STREET AND NUM	D. INSII	DE CITY LIMITS?
	F	Baltimore, Mar	yland 21218	704 Berry	Street	
	Male	6. RACE White UPATION (Give kind of work working life, even if retired)	7- MARRIED NEVER MARRIED WIDOWED DIVORCED 108. KIND OF BUSINESS OR INDUSTRY	8. DATE OF SIRTH 8/2/91 7 11. BIRTHPLACE (Stote	9. AGE (In years lost birthday) 76 or fareign country)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
M	achinist	Retired	Chemical Co.	Baltimore		USA
15. Yes	Was Deceased	Cramblitt Ever in U. S. Armed For 1) (If yes, give wor or dote 11/5/17 - 7/8	s of service) SECURITY NO.	14. MOTHER'S MAIDE XBAYANANA 17. INFORMANT Baltimore V	Barbara	Smidt ADDRESS stration Hospital
NO	hearl failure, injury ar can	nal meon the made af asthenia, etc. It means application which caused ANTECEDENT CAUSES	lhe disease, death.)	A CONSEQUENCE OF:	Carcinoma of hi	
0	199, OTHER SIGNIF	OR CONDITIONS, if e above cause (A) G CONDITION last. I FICANT CONDITIONS CO III BUT NOT RELATED TO T	ony, giving Sloling lhe Hemopty (c) A & B NTRIBUTING HE TERMINAL ASCVD.	c obstructive	emboli piration seconda pulmonary dise	
	OTHER SIGNIF	OR CONDITIONS, if e above cause (A) G CONDITION last.	ONTRIBUTING HE TERMINAL TO TION FOR WHICH OPERATION	ysis with asp c obstructive	pulmonary dise	ease
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MEDICAL CERTIFICATIO	rise Io Ih UNDERLYING / 9 / / OTHER SIGNII TO THE DEA DISEASE OR CO 19 A. DATE OF 21 A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. 1 certify that () (we) ond haur on 23 A. SIGNATU 23 C. PHYSICIA 23 C. PHYSICIA 24 C. PHYSICIA 25 C. PHYSICIA 26 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 29 C. PHYSICIA 29 C. PHYSICIA 20 C. PHYSICIA 20 C. PHYSICIA 20 C. PHYSICIA 20 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 28 C. PHYSICIA 28 C. PHYSICIA 29 C. PHYSICIA 29 C. PHYSICIA 20 C. PHYSICIA 21 C. PHYSICIA 22 C. PHYSICIA 23 C. PHYSICIA 24 C. PHYSICIA 25 C. PHYSICIA 26 C. PHYSICIA 27 C. PHYSICIA 27 C. PHYSICIA 27 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 27 C. PHYSICIA 28 C. PHYSICIA 29 C. PHYSICIA 29 C. PHYSICIA 29 C. PHYSICIA 20 C. PHYSICIA 20 C. PHYSICIA 29 C. PHYSICIA 20 C. PHYSICIA 20 C. PHYSICIA 21 C	PR CONDITIONS, if e above cause (A) G CONDITION last. II FICANT CONDITION S CO III BUT NOT RELATED TO TOONDITION GIVEN IN PAR FOREATION 1985. CON WAS PER NT WAS UNDERLYING DITING CAUSE OF medical examiner) (Manth) (Day) (Year) Thot (V (this hospital last saw the decease of from the causes stoon IRE CAUSE OF CAUSE	DUE TO, OR AS BOILING THE TERMINAL TO THE TO	COPD 20A. AUTOPSY? (Yes Yes in or about 21C, WHERE office bidg., INJURY OCC 21F. HOW D 21F. How D	pulmonary dise pulmonary dise or Not 208, IF YES, WERE F IN CERTIFYING CAN IN CERTIFYING CAN ID INJURY OCCUR? to 19 68 to March and that In (may) (our) apir leath. Stoff Phys. C	PINDINGS CONSIDERED LYSS OF DEATH? City, give exoct locotion) City, give exoct locotion) Part 19 Land death occurred an the compared by 1968 Land March 5, 1968 Balto Md 21218 Ly, lown, or county) (Stote



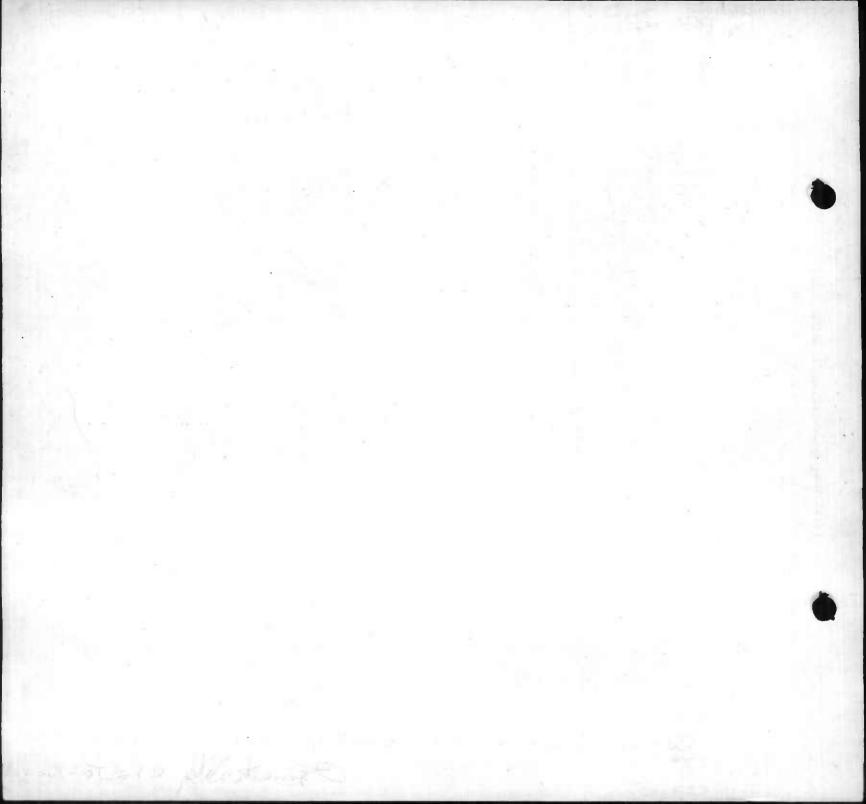
	1/ 57/ 00 0000	HEALTH DEPARTMENT 68-2607
P40 94	BIRTH NO.	TE OF DEATH
ass ass	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
f d f d on on	3, PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Spi Ce Ce		MARYLAND 05.52
hos use ; (5) dan den	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Se, Se	INSTITUTION	BALTIMORE YES NO
in gar	BON SECOURS	E. STREET AND NUMBER
ed ar	HOSPITAL	1620 DESOTO ROAD
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Nonths: Days Hours Min.
occu ontrib ermir regul	WIDOWED DIVORCED LION USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	OCT, 20 1890 77 11, BIRTHPLACE (State or larging country) 12, CITIZEN OF WHAT COUNTRY?
ec ec	done during most of working life, even if retired)	0.01
or or or or dis	Core maker - Fron Founday + Hon Foundary	MARYLAND 45A
if deat rect or (4) Unde was ir the de spositio	2 1/	
dir dis	GEORGE YOUNGER 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Germina XXXXXXXXXXX Brooke
ista he cinc dea ce ce nal	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	0 01 00
\$\$ + T = : :	118. CAUSE OF DEATH	Son- WM. a. Gounger of 30% fulleston and
is a any any ndo	73 7,0	BETWEEN ONSET AND DEATH
Also e of nour atte	LEADING TO DEATH	SE Ca., Rectissionne colon
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. 11 means the disease,	SE Ca., Reclosignoid colon
iner. ner. actu pro ular mba	injury or complication which caused death.)	4
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ins ins	UNDERLYING CONDITION lost. (C)	
Jico Jico Frns Sic Sic Wa	154 X II	
me me bu bhy an	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
d r dy ody	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by by 2) Bo 2) Bo re th phys	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID (If in Boltimore City give exact location)
the (2)	OR CONTRIBUTING CAUSE OF home, form, loctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?
A Z E S Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	U	21F. HOW DID INJURY OCCUR?
hosine (6)	OF INJURY (APPROX.) ODE INJURY (APPROX.)	• 🗆
prov the ny n exce and	22. I certify that (1) (this hospital) attended the deceased fram	eb. 15 1968 to March 4 1968.
d = 0 0	that (1) (we) last saw the deceased olive an March 4	1968 and that in(my) (aur) apinlan death accurred on the date
0 0 7 -	and hour and from the causes stated above. (1) (We) (did) (did not) v	
ust be eased ident nospit deat must	23A. SIGNATURE	23B, DATE SIGNED
ccides to do	Man Doll Janes OF GREE Phy	nding Med. Staff Phys. Director Phys. D
0 - 0 - >		23D. ADDRESS
was r was r An a A at c prior	NAM DOH YANG DEGREE	Bon Alcours Hospillal, Pattimon
certificat body was vs: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	MATORY 24D. LOCATION (City, town, or county) (State)
Season ten	Burial 3-8-1968 Meadowridge Cem	
This certif the body shows: (1) was D.O.A deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
F + 4 > 0 >	VS 150-REV. 1/1/68	Howard H. Hubbard, 4107 Wilkens Ave. 21229



100	7 ,/0-	7		HEALTH DEPARTME		68-2608
10	1-42	68-2	608 CERTIFICA	TE OF DEA	TH REG. NO	
	H NO.		CERTITION		TE AND HOUR OF DEAT	
	AME OF DECE e or Print)		4. 5555	2. 07	1 1 = = = .	
2 8	LACE IN BALT	BLOCKSTON IMORE, MARYLAND, WHERE PRO	ALBERT C.	4. USUAL RESIDENC	4 • 45 PM 3/	institution: residence before admission)
3. 7	TACE IN BALI	IMORE, MARILAND, WHERE PRO	DROUNCED DEAD	A. STATE B.	COUNTY	0
FUL	L NAME OF	(IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MD	Anne Ar	undel 🔾
INS	SPITAL OR TITUTION	ADDRESS OR LOCATION)		C. CITY OR TOWN	1	ISIDE CITY LIMITS?
	ST AG	NES HOSPITAL		PASAD		YES NO K
5		& WILKENS AVE		E. STREET AND NUM		5 5 15 65 55
_	RALTO	MD 21229			OX 289 POPLA	
5. S	EX	8. RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
M	ALE	WHITE WIDOV	WED DIVORCED	10/22/0	0 67	
		PATION (Give kind of work 10 B. KINI rorking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		CDANE OD	un Encinoanina	MARYL	AND	USA
	FATHER'S NAM		yn Engineering	14. MOTHER'S MAID	EN NAME	
	LAMEC	Blockston		MARY TH	OMAC	
	JAMES Passassed	Ever in U. S. Armed Forces?	1 6. SOCIAL	MARY TH	UNAS	ADDRESS
(Yes	, no or unknown)	(If yes, give war or dates of servi	SECURITY NO.	INTORNIANT		CATON & WILKENS
	NO	None	216-09-654	5 ST AGN	ES RECORDS	BALTO, MD 21229
	18.44	1,21	CAUSE OF DEAT	4	~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIRECTLY	rund	uned tol.	mural areur	ryein
		LEADING TO DEATH	(A) IMMEDIATE CAL	ISE		/
		of meon the mode of dying, asthenia, etc. It meons the dise		A CONSEQUENCE OF:		
	injury or com	plication which coused death.)			1	
	Α	NTECEDENT CAUSES	· (8)	nless oo der	odlo, gives	allyed
	DISEASES O	R CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF		
		above couse (A) stating CONDITION lost.				
	ONDEREINO	CONDITION 1031.	(C)			
z	43 /X	CANT CONDITIONS CONTRIBUTI	NG II . f .	60 16	1 1 1-11	
ATIO	TO THE DEAT	H BUT NOT RELATED TO THE TERMIN	NAL Unrombosis	a anto fe	novar grafi	
CA	19 A. DATE OF	OPERATION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Ye	s or No) 20B. IF YES, WER	E FINDINGS CONSIDERED
RTIF	3/2/0	WAS PERFORMED	Abd. Meury	YES	IN CERTIFYING C	CAUSES OF DEATH?
CE		T WAS UNDERLYING	218. PLACE OF INJURY (e	n or about 21 C. WHERE	DID (If in Boltim	nore City, give exact location)
AL		TING CAUSE OF medical examiner)	home, form, factory, street, of	hice bldg., INJURY OCC	CU R?	
S	21 D. TIME	(Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	215 HOW F	ID INJURY OCCUR?	
N.	OF INJURY	(Monini (Doy) (Teal) (Hour	While At - Not While			
MEDI	OF INJURY (APPROX.)	(Month) (Doy) (Teah (Hour	While At Not While Work Not While At Work	e 🗖	9	
	(APPROX.) 22. I certify	that XI) (this haspital) attend	Work At Work ed the deceased from M	°□ ARCH 2	19_68_to_M	ARCH 4 19 68.
	(APPROX.) 22. I certify	that XI) (this haspital) attend	Work At Work ed the deceased from M	°□ ARCH 2		
	(APPROX.) 22. I certify that M (we)	thot XI) (this hospital) attend	ed the deceosed from March 4	ARCH 2	ond that in (My) (o <u>ur)</u> o	ARCH 4 19 68 ,
	(APPROX.) 22. I certify that M (we)	that XI) (this haspital) attend lost sow the deceased alive from the causes stated abov	on MARCH 4 TeX(1) (We) (did) (dXdXXx)	ARCH 2	ond that in (My) (o <u>ur)</u> o	
	OF INJURY (APPROX.) 22. I certify that XI) (we) ond hour ond 23A. SIGNATU	that XI) (this haspital) attend lost sow the deceased alive from the causes stated above	on MARCH 4 eX(1) (We) (did) (dXdXxXt) v	ARCH 2 19 68 iew the body ofter or	ond that in(My) (o <u>ur) o</u> deoth.	pinion death accurred on the date
	(APPROX.) 22. I certify that (M) (we) ond hour and 23A. SIGNATU	thot XI) (this hospital) attend lost sow the deceased alive from the couses stated above RE	on MARCH 4 eX(I) (We) (did) (aXdXxXt) v	ARCH 2 19 68 riew the body ofter of the body of the	ond that in (My) (o <u>ur) o</u> deoth.	pinion deoth occurred on the dote
	OF INJURY (APPROX.) 22. I certify that XI) (we) ond hour ond 23A. SIGNATU	that XI) (this haspital) attend lost sow the deceased alive from the causes stated above RE V. dul Pla	on MARCH 4 eX(I) (We) (did) (aXdXxXt) v	ARCH 2 19 68 riew the body ofter of the body of the	ond that in (My) (our) of deoth. Stoff Phys.	pinion death accurred on the date
	22. I certify that (1) (we) and hour and 23A. SIGNATU 23C. HYSICIA NAME (T) JA I M	that XI) (this haspital) attend lost sow the deceased alive from the causes stated above RE V. dul Pla N'S (pe) E V DEL PILAR	work At Work led the deceosed from Mon MARCH 4 reX(I) (We) (did) (dXdXnXt) v DEGREE Phy	ARCH 2 19 68 riew the body ofter of the state of the st	ond that in (My) (our) o leath. Shoff Phys. Agnes Ha	238. DATE SIGNED 03/04/68
	22. I certify that (1) (we) and hour and 23A. SIGNATU 23C. HYSICIA NAME (T)	thot XI) (this hospital) attend lost sow the deceased alive from the causes stated above RE 2	on MARCH 4 PEGREE Phy	ARCH 2 19 68 riew the body ofter of the state of the st	ond that in (My) (our) o leoth. Shoff Phys. Agnes Ha	pinion death accurred on the date
24A	22. I certify that (1) (we) and hour and 23A. SIGNATU 23C. HYSICIA NAME (T) JA IM BURIAL CREA REMOVAL (S	thot XI) (this hospital) attend lost sow the deceased alive from the causes stated above RE 2	work At Work ed the deceased from Moon MARCH 4 reX(1) (We) (did) (didXnXt) v DEGREE Phy DEGREE C. NAME of CEMETERY or CRI	ARCH 2 19 68 riew the body ofter of the body of the	ond that in (My) (our) of deoth. Shoff Phys. D Agnes Ha	238. DATE SIGNED 03/04/68 Pital (City, town, or county) (Stote)
24A	OF INJURY (APPROX.) 22. I certify that XI) (we) ond hour ond 23A. SIGNATU 23C. HYSICIA NAME (T) JA IM BURIAL CREA REMOVAL (S)	thot XI) (this hospital) attend lost sow the deceased alive from the causes stated above RE 2	work At Work ed the deceosed from Moon MARCH 4 on MARCH 4 DEGREE Phy DEGREE Phy C. NAME of CEMETERY of CRI CEDIT HILL CEME ME OF REGISTRAR	ARCH 2 19 68 riew the body ofter of the body of the	Agnes Ho 240. Location Brooklyn, RF	238. DATE SIGNED 03/04/68 Pital (City, town, or county) (Stote)
24A	22. I certify that M) (we) and hour and 23A. SIGNATU 23C. HYSICIA NAME (T) JA IM BURIAL CREA REMOVAL (S)	thot XI) (this hospital) attend lost sow the deceased alive from the causes stated above RE 2	work At Work ed the deceosed from Moon MARCH 4 on MARCH 4 DEGREE Phy DEGREE C. NAME of CEMETERY or CRI C. C. MAME of CEMETERY or CRI C. MAME of CEMETERY or CRI C. C. MAME of CEME	ARCH 2 19 68 riew the body ofter of the state of the st	Agnes Ho 240. Location Brooklyn, RF	238. DATE SIGNED 03/04/68 Pital (City, town, or county) (Stote)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to dearn. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must	the body was releas shows: (1) An accide	was D.O.A. at a hos	deceased prior to de	written approval mu

-		1 100		BALTIMORE CITY	HEALTH DEPARTMENT		68- 2609	
	BIRT	9-420 68	- 2609	CERTIFICA	TE OF DEATH	REG. NO	00 2003	
	1.14	or Deceased	Bh.	AKF	3/=	2 B BEATH	4:09	м.
	8. PI	LACE IN BALTIMORE, MARYLAND, V	HERE PRONOUN	ICED DEAD	A. STATE B. COUNT		nstitution: residence before admissi	on)
		L NAME OF (IF NOT IN HOSPI'SPITAL OR ADDRESS OR LOC	AL OR INSTITUT	ION, GIVE STREET	7/6 g	o ac	and Com	~
	INST	TITUTION	0917	ver.	C. CITY OR TOWN TON	D. INS	SIDE CITY LIMITS?	
	1	Bures	Ilfa.	e p	E. STREET AND NUMBER	ox +C	- 6400	
	5. SE	EX 6. RACE	7. MARRIED	NEVER MARRIED		AGE (In years	Il Under 1 Yr. If Under 24 I Months: Doys Hours Min	lis.
		F Sleano	WIDOWED	DIVORCED [8/23/35	ost birthday	Would boys Hours	
		USUAL OCCUPATION (Give kind of word during most of working life, even if retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	gn country)	12. CITIZEN OF WHAT COUN	TRY?
		Usems.		1	Tild.		457	
	13. F	ATHER'S NAME	10 /		14. MOTHER'S MAIDEN NAM	N.E.		
	1	has les	1 Ac	Re.	tlone	rego.	1 of seg	
	15. V (Yes,	Nos Deceosed Ever in U. S. Armed Fo ,no or unknown) (If yes, give wor or da	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	10/	ADDRESS	
					Hasp	Mccs.	7.	
		18. 18 0 X I		CAUSE OF DEAT		7/1/	APPROXIMATE INTERVAL BETWEEN ONSET AND DE	
3		DISEASE OR CONDITION D LEADING TO DEATH	RECTLY		semuyer	led f	1,00	
		(This does not mean the mode a heart laiture, asthenia, etc. 11 mean		(A) IMMÉDIATE CAU DUE TO, OR AS	SE A CONSEQUENCE DEC	colone		
		injuly or complication which cause		1		/3		
,		ANTECEDENT CAUSE	S	(B) 1201	Accin cons	Carec	, 000,000	
		DISEASES OR CONDITIONS, il		DUE TO, OR AS	A CONSEQUENCE OF:			
2		UNDERLYING CONDITION lost.		(c)(c)	Cerun	n		
	Z	171X II						
0	OL	OTHER SIGNIFICANT CONDITIONS CO	THE TERMINAL	1				
0			VOITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE	FINDINGS CONSIDERED	
	ERTI	1/22/67 6	REPORMED .	4	RO		/ le-	
		21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. F home etc.)	form, foctory, street, o	n or obout 21C. WHERE DID fire bldg., INJURY OCCUR?	(If in Baltimo	ore City, give exact location)	
3	U	21D. TIME (Month) (Doy) (Year	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?		
D		OF INJURY (APPROX.)	While	AI Not Whil			. /	
5		22. I certify that (1) (th)'s haspite	Work		173/	068.0 2	12/ 10/5	
		that (I) (we) Just saw the decease		2/1/68	19 ond the	at in(my) (dur) op	olnian death occurred on the	date
200		and haur and from the causes st	~	(We) (did) dld nat) v				
TSDE		23A. SIGNATURE				. /	23 B. DATE SIENED	
		17 11/10	12	DEGREE Phy	nding Med. Director	Staff Phys.	13/2/68	
approdu		23C/PHYSICIAN'S NAME (Type)	1 6		23D. ADDRESS	1 4		
2				DEGREE	Milvers	els W	agg.	
	24A	REMOVAL (Specify)	1.0 1	ME of CEMETERY of CR			City, town, or county) (Stot	-
written		BUR: 41 3/9/		eman CEI		PRTON		19
	25A	. DATE REC'D BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL DIRECTOR	(Dr. J	ADDRESS	1.1
\$	15	MAR 6 1968 R.C.	p 8, 4a	Deg Ma	Smel	M MARIO	CheSTERTOWN	V K
	V 3	150-REV. 1/1/6B						



	7 251) 25 25-		HEALTH DEPARTMENT		68- 2610
BIRT	7-200 68-2610	CERTIFICA	TE OF DEATH	REG. NO.	70.20
	AME OF DECEASED Lloyd Leigh	Dough	2. DATE AND	HOUR OF DEATH	8 604 AM.
CHO	PLACE IN BALTIMORE, MARLAND, WHERE PROPUNC ELECTIFICATION TO SHITLE OF INSTITUTION STITUTION ADDRESS OR LOCATION)	ON, GIVE STREET 3-13-68&1	4. USUAL RESIDENCE (WHERE A. STATE B. COUNTY D. C. CITY OR TOWN	BALTIM	10 RE CITY LIMITS?
1	U. S. Public Health H.	ospital 3-20	E. STREET AND NUMBER	STOIL	VES NO .
5. S	Mala Dava	MEACK WAKKIED	B. DATE OF BIRTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BU		11. BrithPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13. 1	CETTED PEXIXXXX Ret. Lt.		14. MOTHER'S MAIDEN NAMI	olina	U.S.H.
15. \	Wos Deceased Ever in U. S. Armed Force 16.	SOCIAL	Emma 17. INFORMANT	Johnso	ADDRESS
tres	Tes 1927 to 1948 CG 15	SECURITY NO. 3-30-9/35 CAUSE OF DEATH	Wife + t	t p Record	Same as (1)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	(A)IMMEDIATE CAU	Severe coronar	of the kn	erosis years duration
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(B)	A CONSEQUENCE OF:		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
0	21A. A CCIDENT WAS UNDERLYING 21B. PL/ OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PL/ home, (etc.)	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)
0	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, IN While / Work	At Work	21F. HOW DID INJUI	RY OCCUR?	
	22. I certify that (this haspital) attended the attended that (we) last saw the deceased alive an	march	3.19.68ond that		on death accurred on the date
	23A. SIGNATURE/ Cleury 5 Cuty,	DEGREE Phys		haff hys.	38. DATE SIGNED 3/3/68
	23C. PHYSICIAN'S Henry S.	Crist DEGREE	PHS Hospital	Baltin	nore, md
	Burial CREMATION, 24B. DATE 24C. NAME 3/6/68 Cec	er Hill Cem	atery Anne	e Arundel Co	
25A	MAR 6 1968 P.O. & E. Fall		25C. FUNERAL DIRECTOR	237 F	Patapsco Ave. 21225
VS	150-REV. 1/1/6B		Mc Cully +	unual tran	M.

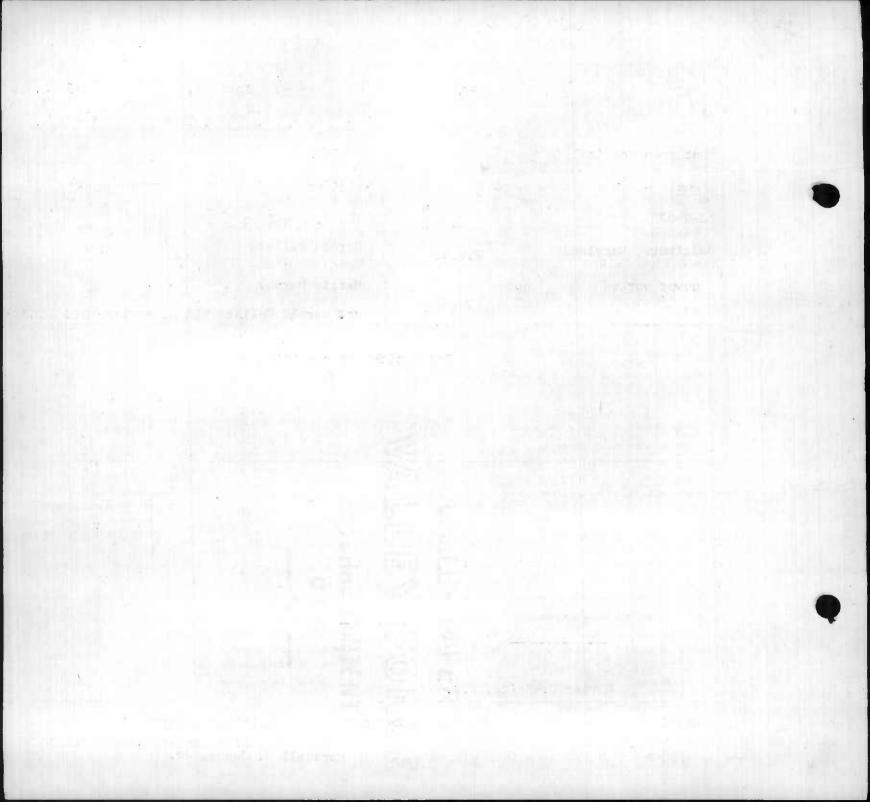
v.s. 153 3-13-68 M.H.

Letter from U.S.P.H.S.Hospital 3-20-68 M.H.

	1 >			HEALTH DEPARTMENT	1/	68-2611
	5-360 68-	261	CERTIFICA	TE OF DEATH	REG NO	70111
	AME OF DECEASED			2. DATE	AND HOUR OF DEATH	
	e or Print) MARY ST				ruary 28,1	968 / 2 */5 A M. stitution: residence before admission
3. P	PLACE IN BALTIMORE, MARYLAND, WH	IERE PRONOL	NCED DEAD	A. STATE B. CO	UNTY	UMBIA /- /X
HO	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT	L OR INSTITUTION)	TION, GIVE STREET	DISTRICE C.CITY OR TOWN		DE CITY LIMITS?
INS	MEMORIAL		0/~4/	WASHINGTO		YES NO
U	NION MEMORIAL	- 1401	VITAL	E. STREET AND NUMBER		
4	4				REET. S.	
S. S	F 6. RACE	· MARRIED [WIDOWED [I MEAEK WAKKIED	5-27-79	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work) e during most of working life, even if retired)	08. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
1	SECRETARY	WHOLE	PAPER CO.	MARYLA		AMERICAN
13. 1	FATHER'S NAME			14. MOTHER'S MAIDEN N		
	WILLIAM ST				+ STOVE	
15. V (Yes	Was Deceased Ever in U. S. Armed Forc s, no or unknown) (If yes, give wor or dates	of service)	SECURITY NO.	17. INFORMANT		N STREET'S.W.
	NO ****		216-09-9656 CAUSE OF DEATH	MR. JOHN W.S.	LITTLETON, V	VASHINGTON, D.C.
	DISEASE OR CONDITION DIR	ECTLY		SCEREBRA	L THROMB	BETWEEN ONSET AND DEATH
	(This does not meen the made of heart foilure, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
	injury ar camplication which caused	death.)	A			
	ANTECEDENT CAUSES		(B) ARTERI	A CONSEQUENCE OF:	<u>S</u>	
	DISEASES OR CONDITIONS, if o		(2)			
	UNDERLYING CONDITION Iosi.		(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO TH					
	DISEASE OR CONDITION GIVEN IN PART	1 (A).	WHICH OPERATION	20 A. ALITOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	19A. DATE OF OPERATION 19B. CONI		WHICH OFERAIION	No	IN CERTIFYING CA	USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 8 hom etc.	e, form, foctory, street, o	n or obout 21C. WHERE DIE fice bidg., INJURY OCCUR	(If in Boltimor	e City, give exact location)
EDI	21 D. TIME (Month) (Doy) (Year) OF INJURY		INJURY OCCURRED		INJURY OCCUR?	T-VI.
8	(APPROX.)	Wo				
	22. I certify that (I) (this hospital	ottended t	he deceosed from Fe	Brusry 16,	1968 to Fe	brusry 28, 1968.
	that (I) (we) lost sow the decease	d olive on	February	28 19 68 ond	that in(my) (our) opi	nion deoth occurred on the date
	and hour and from the causes stat	ed obove. (l) (We) (did) (did mar) \	riew the body ofter dear	th.	Line Blone
	23A. SIGNATURE	Y2	Δ++σ	ending Med.	Staff No.	Fel 28, 1968
	The state of the s	78	OEGREE Phy	s. Director	Staff Phys.	
		AWCHE		23D. ADDRESS UNION		LHOSPITHL
244	DR. MIGUEL SANCHE		ACIOS OEGREE			OSPITAL ity, town, or county) (Stote)
	BURIAL 3/2/68		ROSE HILL CEM	erred v	HACERSTOWN	WASH_ CO_ MARYLAND
25/	A. DATE REC'D BY HEALTH DEPT.	25B, NAME	OF REGISTRAR	25C FUNERAL DIREC	HAGERSTOWN,	WASH. CO MARYLAND
	III/III	18.40	Nocy !	Kellsom		AGERSTOWN, MARYLAND
VS	150-REV. 1/1/6B					

7 5 5 272 mAn 1210d to be and a

VS 151-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

68- 2613 REG. NO.

	AME OF DECEASED				DATE AN	D HOUR OF DEATH	u
75	m · · ·	, James Will	יינוס			h 3, 1968	8:45 P
3. P	PLACE IN BALTIMORE, M			4. USUAL RE		re deceased fived. 11	institution: residence belare admi
HO:	SPITAL OR ADDI	OT IN HOSPITAL OR IN RESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryla C. CITY OR TO	and		SIDE CITY-1/MUS?
INSI	TITUTION Veteran	s Administra	ation Hospital	Baltin		1	YES NO
1		ch Raven Bou		E. STREET AN	ID NUMBER		
		re, Maryland			Quantio		
5. SE			RIED NEVER MARRIED	8. DATE OF 8		9. AGE (In years lost birthdoy)	Months Doys Hours
10.4	Male Neg	ro WIDO	D OF BUSINESS OR INDUSTRY	12/11/		36	12. CITIZEN OF WHAT COL
	during most of working life, Fire Fighter	even if retired)	oility retiremen	t Rolan	d, N.C.		U.S.A.
13. F	FATHER'S NAME				MAIDEN NAM	WE	
	Pete Cotton			Jenni	e Baker		
15. W	Was Deceased Ever in U.	S, Armed Forces?	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMAN	T VA Hos	pital Recor	rds ADDRESS
		50 - 6/26/53		3900 Lo		Blvd., Ba	
7	ANTECED DISEASES OR CONDITION OF THE PROPERTY	ENT CAUSES DITIONS, if ony, gi couse (A) stoting TION lost.	the (C) Cac	tiple Sc A CONSEQUE Nexia			years years
CERTIFICATIO	21A. ACCIDENT WAS U	T RELATED TO THE TERMI GIVEN IN PART 1 (A). DN 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	Yes	WHERE DID	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? Yes
L CERTIFICATIO	TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATION	T RELATED TO THE TERMI GIVEN IN PART 1 (A). ON 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	Yes	WHERE DID	IN CERTIFYING C	Yes
AEDICAL CERTIFICATIO	TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO 21A. ACCIDENT WAS UNDER CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	T RELATED TO THE TERMI GIVEN IN PART 1 (A). ON 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	Yes in or obout 21C. ffice bldg., INJU	WHERE DID	(If in Soltim	Yes
MEDICAL CERTIFICATIO	TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS USED OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF INJURY (APPROX.) 22. I certify that () (that) (we) last saw	TRELATED TO THE TERMI GIVEN IN PART 1 (A). DN 19& CONDITION WAS PERFORMED NODERLYING LAUSE OF xominet) (Doy) (Yeot) (Hout) this haspital) attended the deceased alive	21B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.) 21E. INJURY OCCURRED While At Not White Work Not White At Work ded the deceased fram an March 3rd ve. (If (We) (did) (did) (of)	Yes in or obout 21 C. ffice bldg., INJU 21F. March 2: 19 view the body	where DID RY OCCUR? HOW DID INJ 68 and the after death.	(If in Soltim URY OCCUR? 1968 ta Mai at in (hy) (aur) of	rch 3rd 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFICATIO	TO THE DEATH BUT NO. DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS USED OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF INJURY (APPROX.) 22. I certify that () (that ()) (we) last saw and haur and fram the	TRELATED TO THE TERMI GIVEN IN PART I [A]. ON 198 CONDITION WAS PERFORMED UNDERLYING AUSE OF xominer) (Doy) (Year) (Hour) this haspital) attended the deceased alive as couses stated obar	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While Work Not Work At Work Not While At Work At Work OEGREE Athroposition Area of the deceased from th	Yes in or obout 21C, ffice bidg., INJU 21F. le	where DID RY OCCUR? HOW DID INJ 68 and the after death. Med. Director D VA Hospi och Rave	URY OCCUR? 1968 to Maint in (hy) (aur) of Phys. K tal an Blvd., Ba	rch 3rd 19

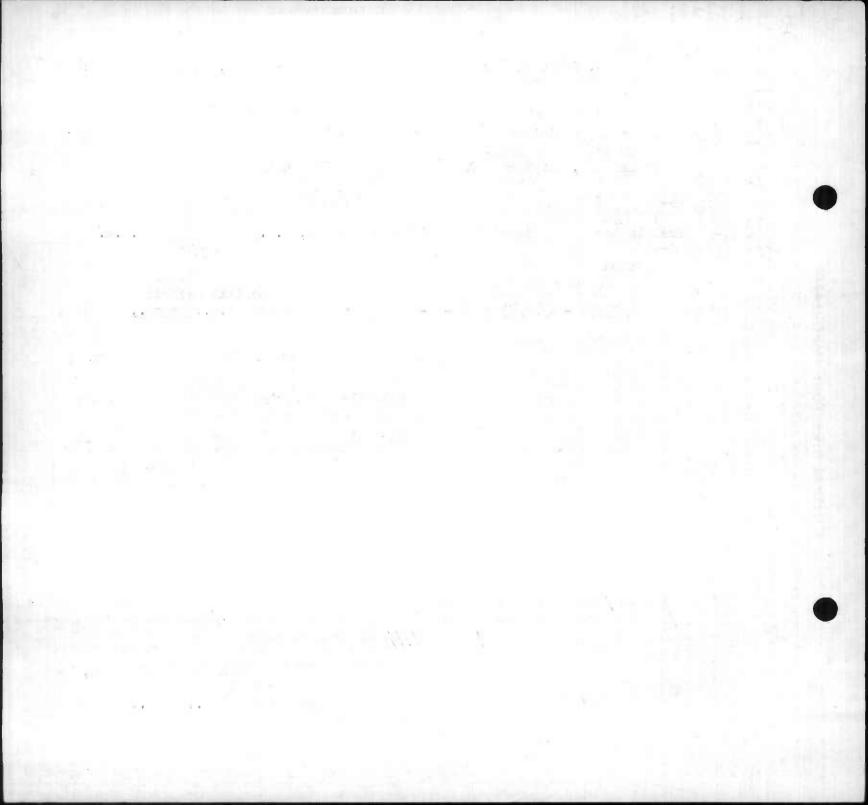
MAR VS 150-REV. 1/1/68

1968

Reb & Faloure

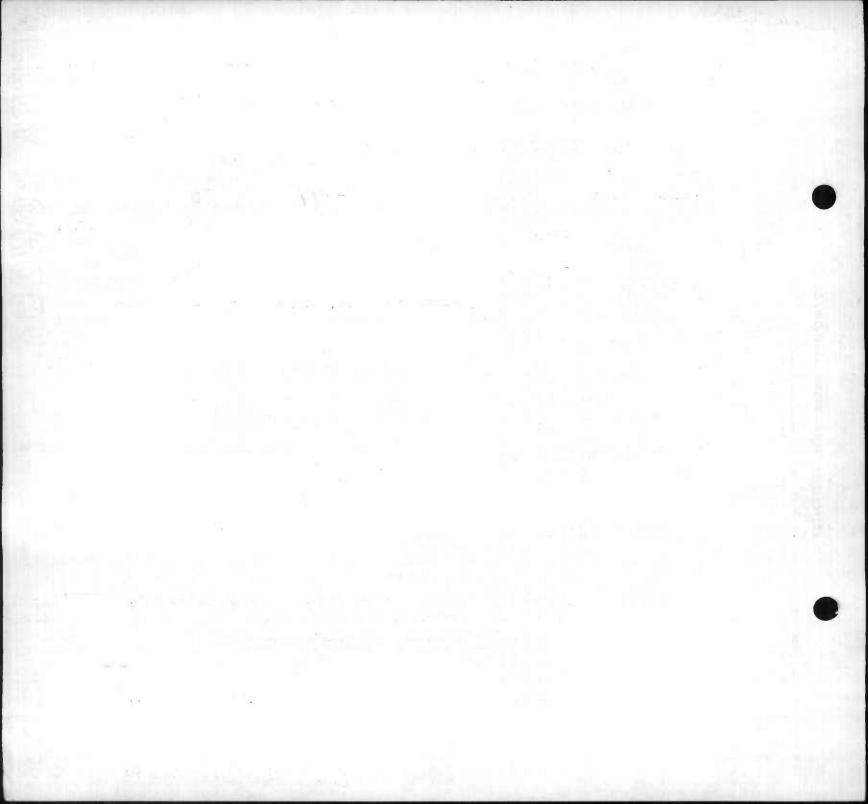
WM. C. MARCH

928 E. NORTH AVE



		00	000	BALTIMORE CITY	HEALTH DEPARTMENT		00 0011
		66.	- 261	4 CERTIFICA	TE OF DEATH	REG. NO	68- 2614
1	TH NO.	ACCE		OEKTII TO		D HOUR OF DEATH	
	pe or Print)	Katie Mi	ller		3.	-5-68	8:00 A. M.
3.	PLACE IN BALT	MORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		n: residence before odmission)
HC	ILL NAME OF	(IF NOT IN HOSPI'	TAL OR INSTIT	UTION, GIVE STREET	Maryland	Ip. WSIDE CIT	V WITTES
IN	NOITUTION				Baltimore	YES	
-	37	Provident	Hospita	1	E. STREET AND NUMBER 722 Dolphin S		- heard
2	SEX	6. RACE	17	7	*		nder 1 Yr. If Under 24 Hrs.
I	Temale	Negro	WIDOWED		7-5-901	ast birthday	hs Doys Hours Min.
		PATION (Give kind of wor orking life, even if retired)	k 10B. KIND O	F BUSINESS OR INDUSTRY	Virginia	n country) 12. (U.S.A.
13.	FATHER'S NAM	IE TO THE		10802	14. MOTHER'S MAIDEN NAM	NE O	
	1	in Priva			Sun -	Laulin	
15.	Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	- July	ADDRESS
(Te	s, no or unknown	(If yes, give wor or dot	es of service	218-01-2687	Mrs. Lillian H	arris - Daughte	er SAME
	18. 4. 2	7,01-13	3 4	CAUSE OF DEAT	н		APPROXIMATE INTERVAL
		OR CONDITION D	RECTLY		P - 11	1. 1	
		EADING TO DEATH	dvina oa	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	failure-	
Ш	heart failure, a	sthenio, etc. Il meon	s the diseose				
		licotion which couse		B.	ngestice heart	La Viso	
		NTECEDENT CAUSE		(B)	A CONSEQUENCE OF:	Turker.	
		R CONDITIONS, if obove couse (A)			A CONSEQUENCE OF:		
	UNDERLYING	CONDITION losi.		(C)		******************************	
z	434.1			Outmon ass	sinfarction +	Ca Colon.	
110	TO THE DEATH	CANT CONDITIONS CO	THE TERMINAL	Jan Jan	en autoping		
ERTIFICATION	19A. DATE OF		IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	GS CONSIDERED
RTIF	1	WAS PE	RFORMED		Yes	IN CERTIFYING CAUSES C	OF DEATH?
AL C	OR CONTRIBUTE	T WAS UNDERLYING [TING CAUSE OF	216 hor etc	ne, form, foctory, street, o	n or obout 21C. WHERE DID	(If In Boltimore City,	give exoct location)
DIC	21D. TIME	(Month) (Doy) (Year)	(Hour) 218	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ME	(APPROX.)			hile At Not Whil	• 🗖		
				the deceased from F8		968 to March 5	19 68
				March 5,	60		
						or in (my) (our) opinion d	eoth occurred on the date
	23A. SIGNATUI		red obove. ((I) (Me) (did) (did nat) v	riew the body ofter death.	228 (DATE SIGNED
	23/4 3/0/(2/	flusay a	eed	MITTINGO . Phy	ending Med.		3-5-68
	23C. PHYSICIAN	ne)	EED	DEGKEE	23D. ADDRESS 1514 Division S		, Maryland
24	A. BURIAL CREM	AATION, 24B. DATE		AME of CEMETERY of CR	EMATORY 24D. LC	CATION (City, tow	n, or county) (State)
	REMOVAL (S	pecify) 12 - O1	18 7	11-12 le.	C.A.	Ball no	Q
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C, FUNERAL DIRECTOR	nue In	ADDRESS
	7825		n at	F. D. MA	& D.TAI clama	1000 Brant	tey fre, Baltone
-	11 11 1	THE A			DIVIVA TOP		

VS 150-REV. 1/1/6B

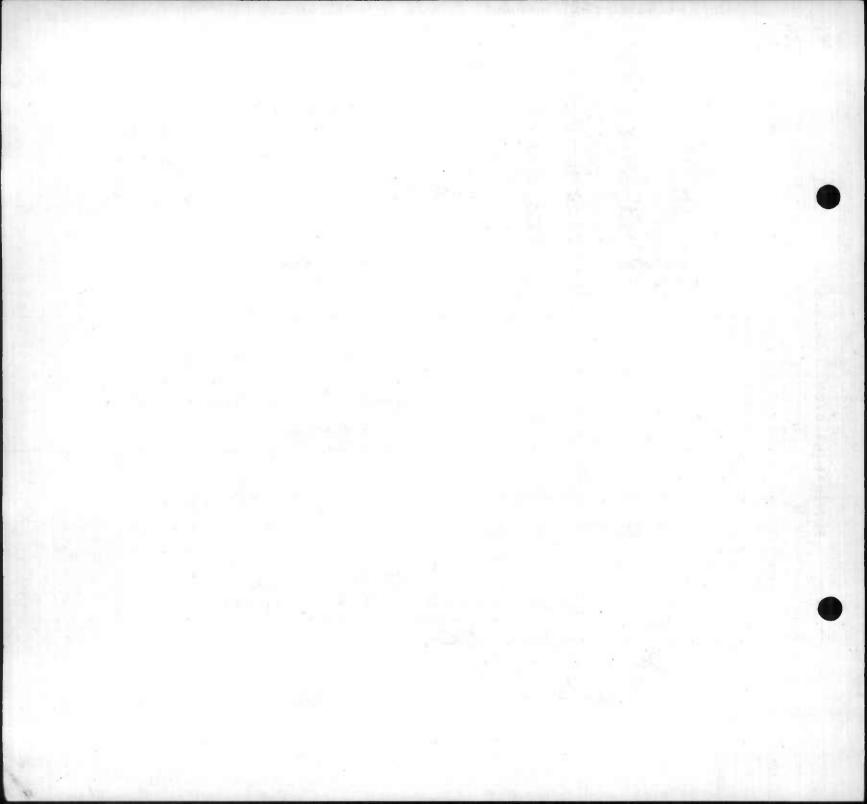


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	2015	BALTIMORE	CITY	HEALTH	DEPARTMENT
0	COLU	CEDILL	-	TEO	PEATL

D	F	G	N	10

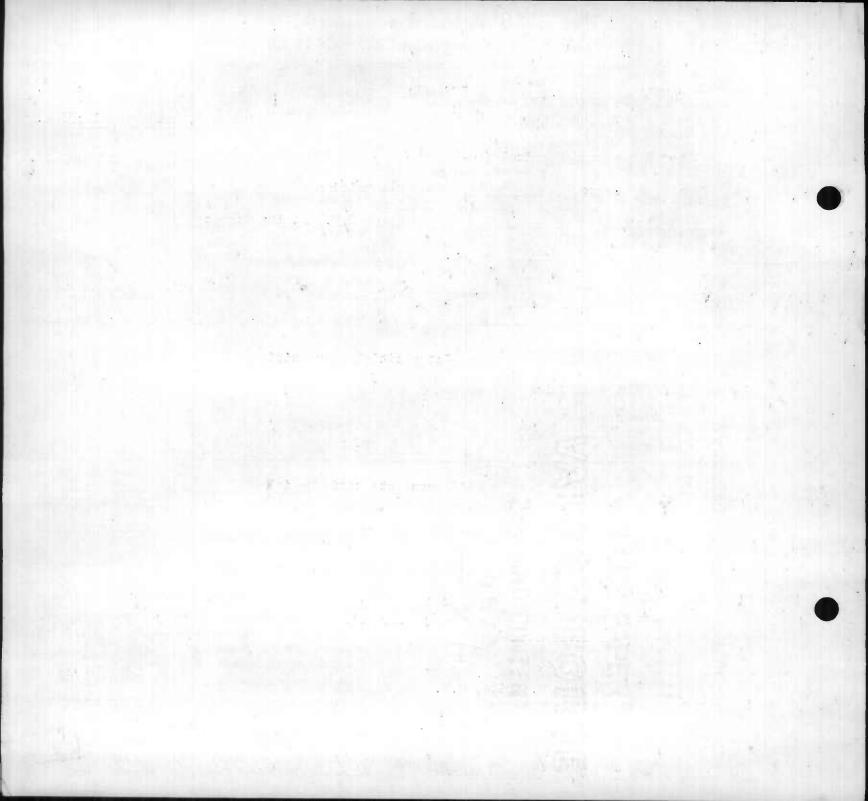
60- 0	BALTIMORE CITY	HEALTH DEPARTMENT		3 2615
68 2	CERTIFICA	TE OF DEATH	REG. NO	NO NOTO
1. NAME OF DECEASED	WALDON	2. DATE ANI	HOUR OF DEATH	1 6 A-M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where		titutian: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION 35	ASTITUTION, GIVE STREET	C. CITY OR TOWN ELIFTIMO IR E. STREET AND NUMBER 4326.26	/	YES NO 64
S. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
E NECTO WIDOW	- COMBANGUE	3 23-23	ost birthdoy)	Months Doys Hours Min.
done during most of warking life, even if retired	D OF BUSINESS OR INDUSTRY	MC.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CINEMON		14. MOTHER'S MAIDEN NAM CENTRAL	N.E.	
S. Was Deceased Ever in U. S. Armed Forces? Yes,no of unknown (If yes, give wor of dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT ARREA GOOG	22211	ADDRESS Someway ave
18. hf. 1	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, heart failure, asthenia, etc. It means the disc injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	adse,	A CONSEQUENCE OF: A CONSEQUENCE OF:		Jay
ise to the abave cause (A) staling UNDERLYING CONDITION last,	the (C)	distase		
443 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG .			
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID INJURY OCCUR?	(If In Boltimore	City, give exoct locotion)
Z 1D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED White At Not White Work At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this haspital) attend that (I) (we) last sow the deceased alive	~		9 68 to	ion death occurred on the date
ond hour ond from the couses stoted obove 23A. SIGNATURE AMARICAN'S NAME (Type)	ve. (I) (We) (did) (did nat) v	ending Med. Director 23D. ADDRESS	Staff Phys.	23B, DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24	GEGREE C. NAME OF CEMETERY OF CR		CATION CCIT	y, town, or county) (State)
REMOVAL (Specify) BULLE 25A. DATE REC'D. BY HEALTH DEPT. 25B. NA	Mt Cahey	Cal FUNERAL DIRECTOR	Beor Blys	n My
MAR 6 1968 P. Cel	E. Falky MA/	Elvar O. H	Ison for	Brantly are
VS 150-REV. 1/1/6B				



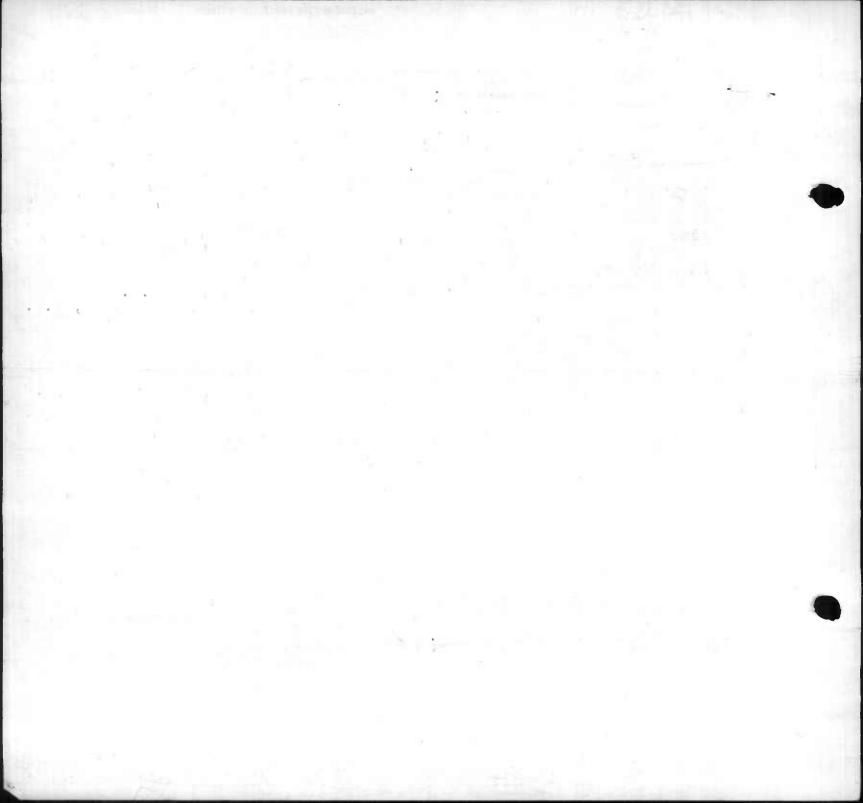
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68- 2616 BALTIMORE CITY HEALTH DEPARTMENT

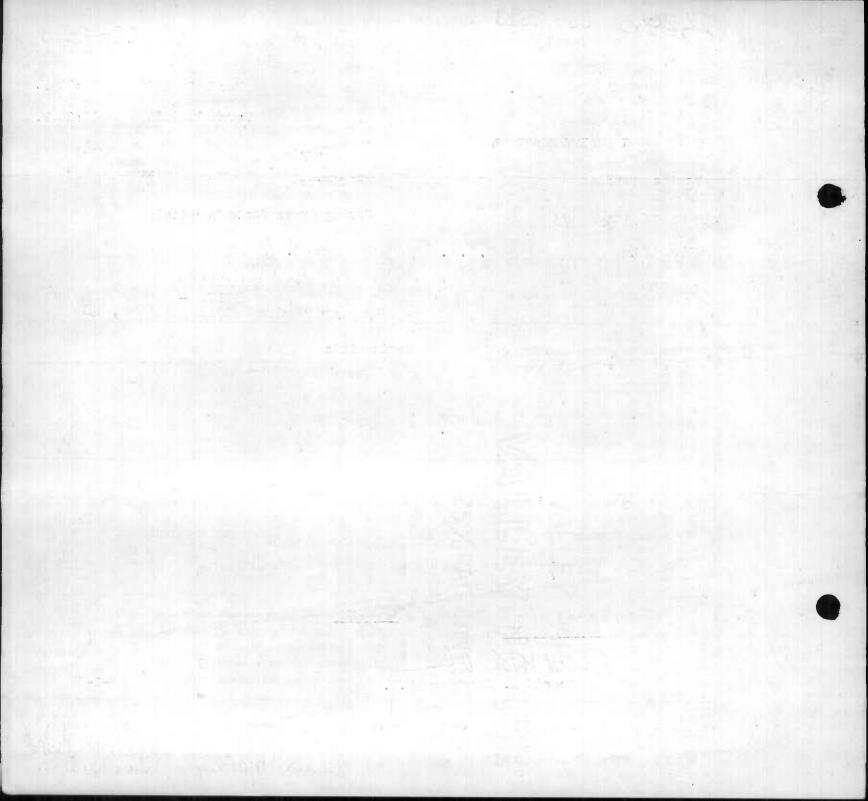
BIRTH NO. 67-25112 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	8-2616
1. NAME OF DECEASED (Type or Print)	OF	Year Hour
PAMELA D. WHITTAKER	DEATH Estimoted March 3, 1968	10:55 Ам.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD March 3, 1968	10:55 A.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: resi	
OK ANSTHONOR	A. STATE B. COUNTY	dence perore daminorony
Church Home and Hospital (DOA)	Maryland	Acres .
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY-UI	MIPS?
	Baltimore O YES X	7 COL
Temate Hegio	Baltimore YES LX	NOL
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND INDINER	
12-17-67	400 N. Madeira Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
By A WHAT COUNTRY?		
114A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	VIS MOTHER'S MAIDENI NAME	
done during most of working life, even if retired)	13. Morrier S Maide 11 11 15	1- 1
muse	Joure Whillaker &	you -
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRE	ESS
(Yes, no or unknown) (If yes, give was or dotes of service) SECURITY NO.	16. 0. mc Malleolean	- 16. 0
Tio SANCE OF DEA	someyin- Mix greatering	APPROXIMATE INTERVAL
19. A CAUSE OF DEA	IH /	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
Intersti	tial Pneumonitis	
(This does not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:	
heort foilure, osthenia, etc. It means the disease, injury or complication which coused death.)		i i
infury or complication witch coused dealit.)		
ANTECEDENT CAUSES (B)		
\	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE		
Z UNDERLYING CONDITION LAST. (C)	9 4	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O THE DEATH BUT NOT RELATED TO THE TERMINAL Purulen	t Otitis Media	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS DEDECIPMED 21	AUTOPSY? (Yes or No)
O A		
		Yes
11 () () () ()	in or obout 22C. WHERE DID (If in Boltimore City, give exact lo	cotion)
I S ONDEREINGO TOK CONTINUE	ce bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 2 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INTUINY	T WHILE -	
	WORK	
23.		
I certify that I held on Inquiry Inspection Au	ond that on this bosis, deoth in my opin	nion
resulted fram: Natural couses X Accident Suicio		
	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE III Souls 1. Jan M.E.	ASSISTANT MEDICAL EXAMINER	
FVAMILIERIS	ASSOCIATE MEDICAL EXAMINER	3/4/68
NAME (Type) Werner U. Spitz, M.D.	AJJOCINIE MEDICAL EXAMINAER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D, LOCATION (City, town, or	county) (State)
REMOVAL (Specify)	City, lowin, or	
Burno 3-6-68 Not Cure	us Cul Brilt me	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	RESS
	en a	0 11
MAR 6 1968 P. D. B E . Lauley MA	* Cur Mille Very 1000	Dreuterke
V\$ 151-REV. 1/1/6B	7000000	
V.3 1.31: NE V. 1/1/QD		



	M 2011 DE DOALS BALTIMORE CIT	Y HEALTH DEPARTMENT 68- 2617
RIPI	11-324 68-2617 CERTIFICA	ATE OF DEATH REG. NO.
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
Пур	e or Print) MARIE MITCHELL	2 MARGO 8140 PM
3. P	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FUL	LL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MD BALTS 1/12
	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	2 8	E. STREET AND NUMBER
		607 W. MULBERRY ST
F	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8/9/95 1051 011110091
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
	one	South Carolina USA
13. [FATHER'S NAME	14. MOTHER'S MAIDEN NAME
M	ose Gardner	Georgia Johnson
15. \	Was Deceased Ever in U. S. Armed Forces? (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT 1239 Underwood Street N. W. ADDRESS Mrs Annie Bruce(Sister) Wash, D.C.
	18. 4 3 0 9 CAUSE OF DEA	
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
	ANTECEDENT CAUSES CHOO	NIC ESOPHAGEAL STRICTURE STATE
	(B)	S A CONSEQUENCE OF:
	rise to the above couse (A) stating the UNDERLYING CONDITION tost.	JTON secondam to B.
	5-39, / 11	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ANE	EMIA, DEHYDRATION
CAT	DISEASE OR CONDITION GIVEN IN PART I (A). 19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	Nas Performed	IN CERTIFYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Baltimare City, give exact lacotian)
4	DEATH (notify medical examiner) home, form, factory, street, etc.)	office bldg., INJURY OCCUR?
	21D, TIME (Manth) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
8	(APPROX.) While At Work At Work	ile
	22. I certify that (I) (this haspital) attended the deceased from	
	that (I) (we) lost saw the deceased alive on 2 MAR	19 68 ond that in(my) (our) opinion death occurred on the day
	ond hour and from the couses stated obave (() (We) (did) (did pot)	
	23A. SIGNATURE	23B. DATE SIGNED
		tending Med. Staff 2 MAR 68
	23C. PHYSICIAN'S	23D. ADDRESS
	PANT R. FAIDBANKS M.	LINIVERSITY HOTSPITAL
24A	BURIAT CREMATION, 248 DATE 24C, NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, tawn, or county) (Stote)
	Buril 3-8-68 LINCOLN MEM (CEMETERY SUITLAND MD.
25A	PATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR
141/	ARD 1968 Robert & tarbuma	JOHASON & JENKINS 4804 GEORGIA AVE NW
rs	150-REV. 1/1/6B	



VS 151-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. ERTIFICATE OF DEATH al and death (5) Deceased Such I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital of death. 4. USUAL RESIDENCE (Where A. STATE B. COUNTY deceased lived. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMES use; 0 0 YES NO prior STREET AND NUMBER contributing 00 occurred etermined made regular 5. SEX 9. AGE (In yours If Under 1 Yr. 6. RACE B. DATE OF BIRTH If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours deceased Months Doys tost birthday) WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State 12. CITIZEN OF WHAT COUNTRY? disposition death dono during most of working life, even if retired) Dud Mas the 13. FATHER'S 14. MOTHER'S MAIDEN NAME assistant eath uo 15. Wol Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotos of service) 6. SOCIAL 17. INFORMANT ADDRESS McLean- Va. 22101 final SECURLTY NO. attendance Warren E. Davis-201/2 Franklin Ave. No any APPROXIMATE INTERVAL or 0110 BETWEEN ONSET AND DEATH CONGESTIVE DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. 11 means the disease, regular ARTERIOS CICROTIC injury or complication which caused death.) CARDIO VASEULA ANTECEDENT CAUSES who are QUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving the abave cause (A) stating the 3 physician UNDERLYING CONDITION last. the remains medical Mas medical 443X 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ATIOI TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) chief Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 208. IF YES, WERE FINDINGS CONSIDERED the CERTIFI 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes before 3 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, streat, office bldg., INJURY OCCUR? (If in Boltimoro City, give exact location) where OR CONTRIBUTING CAUSE OF hospital å DEATH (notify modical examiner) nature; OF INJURY (Hour) 21 F. HOW DID INJURY OCCUR? obtained (Month) (Doy) (Your) 21E, INJURY OCCURRED 9 OF INJURY Not While approved (except While At (APPROX.) and Work At Work to the any 22. I certify that (1) (this hospital) attended the deceased from march 3 19 6 6 Jast saw the deceased alive on ... peand that in (my) (our) opinion death occurred on the date of hospital death) couses stoted above. (1) (We) (did not) view the body ofter death. and hour and from the must accident was release 23A. SIGNATURE 238. DATE SIGNED Mod. Director Attending 0 Phys. approval DEGREE 0 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) 40 DEGREE 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY deceased the body o REMOVAL (Spocify) written ď shows: Mt. Olivet Cemetery 3-6**-**1968 Frederick- Md. 21701 Was 25A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR By & T. Whitmore VS 150-REV. 1/1/6B

A TOTAL LANGE LANGE OF THE PARTY OF THE PART For anklin Sugre Hospotal Baltimore 25 5 Stricker 3+ - 44-41-4 - 4-14-44 +8 454 ReTired ReTired MD John distrium 216-18-18 Hearth Morens Frank 88 Marie 3 18 X Maires of Franklin Square Francis not John In

NO. NO. ME OF DECEASED	FICATE C	F DEATH	REG. NO	68- 2620
NO.		/ \		
ME OF DECEASED				
m : a)		13.00	ND HOUR OF DEAT	
TAYLOR, IDA REGINA		MAR	CH 3, 196	58 11:45A
ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USU A. STA		ere deceased lived. If NTY	institution: residence before admissio
	II MA	RYLAND		21229
NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI	CC1		To the	LIZES O
TUTION	10.011	OR TOWN	D. II	VSIDE CITY LIMITS
ST. AGNES HOSPITAL		LTIMORE		YES NO
CATON & WILKENS AVES.	E. STRE	ET AND NUMBER		
BALTIMORE, MARYLAND 21229	32	10 STRICK	CLAND ST.	
6. RACE 7. MARRIED NEVER MARR		OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
		25 06	lost birthdoy)	Months Doys Hours Min.
MALE WHITE WIDOWED X DIVORC		25-86	81	12. CITIZEN OF WHAT COUNT
SUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN Juring most of working life, even if retired)	ADOZIKI II. BIKI	HPLACE (State or for	eign country/	12, CHIZEN OF WHAT COUNT
AITRESS	MA	RYLAND		U. S. A.
THER'S NAME		THER'S MAIDEN NA	ME	
WAGNER, JOHN	K	ANE, MARY		
as Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY No.		RMANT		ADDRESS
	S'	T. AGNES.	RECORDS -	ATON ENS
217-22-5		BAL	I I MUKE, I	APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, it only, giving DUE TO ise to the above couse (A) stoling the	O, OR AS A CONS			
UNDERLYING CONDITION IOSI. (C)	ON 120A	AUTOPSY2 (Yes or	No.	RE FINDINGS CONSIDERED
H 20 1 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL	ON 20A	AUTOPSY? (Yes or h	No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 9A.DATE OF OPERATION [19B. CONDITION FOR WHICH OPERATION]	URY (e.g., in or abou	1 21 C. WHERE DID		RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location)
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 94. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 11A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJU 121B. CONTRIBUTING CAUSE OF 13B. CONTRIBUTING COORDINATION CONTRIBUTION CONTRI	JRY (e.g., in or obou	1 21 C. WHERE DID	(If in Bolti	
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 9A. DATE OF OPERATION WAS PERFORMED 11A. ACCIDENT WAS UNDERLYING WAS PERFORMED 12B. PLACE OF INJURY 1B. PLACE	JRY (e.g., in or obout street, office bldg	121C. WHERE DID , INJURY OCCUR?	(If in Bolti	
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 9A. DATE OF OPERATION WAS PERFORMED 11A. ACCIDENT WAS UNDERLYING WAS PERFORMED 12B. PLACE OF INJURY 1B. PLACE	URY (e.g., in or obo street, office bldg	121C. WHERE DID , INJURY OCCUR?	(If In Bolti	more City, give exact location)
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 9A. DATE OF OPERATION WAS PERFORMED 17A. ACCIDENT WAS UNDERLYING WAS PERFORMED 17A. ACCIDENT WAS UNDERLYING Home, form, foctory, etc.) 17D. TIME (Month) (Doy) (Year) (Hour) 17D. TIME (Month) (Doy) (Year) (Hour) 17D. TIME (Month) (Doy) (Year) (While At Work)	JRY (e.g., in or obous treet, office bldg	121C. WHERE DID , INJURY OCCUR?	(If In Boltin	more City, give exoct location)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 9A. DATE OF OPERATION 17B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJUNION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJUNION FOR WHICH OPERATION (The contribution of the property of the proper	URY (e.g., in or oborstreet, office bldg RRED Not While At Work Tom MARCH	21F. HOW DID IN	(If In Bolti	MARCH 3 19 68
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 9A-DATE OF OPERATION WAS PERFORMED 17B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJU- home, form, foctory, etc.) 21B. PLACE OF INJU- home, form, foctory, etc.) 21B. PLACE OF INJU- home, form, foctory, etc.) 21C. I certify that (X (this hospital) attended the deceased from hot (X (we) lost saw the deceased alive an MARCH	URY (e.g., in or about street, office bldg RRED Not While At Work Tom MARCH	21F. HOW DID IN	(If in Bolti	MARCH 3 19 68
THE RIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 9A. DATE OF OPERATION WAS PERFORMED 11A. ACCIDENT WAS UNDERLYING DEATH (nofity medicol exominer) 11D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUPATION While At Work 12. I certify that (X (this hospital) attended the deceased from that (X (we) lost saw the deceased alive an MARCH and hour and from the causes stated above. X (We) (did) (X (Me) (did) (X (Me))	URY (e.g., in or about street, office bldg RRED Not While At Work Tom MARCH	21F. HOW DID IN	(If in Bolti	MARCH 3 19 68
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DITHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 9A-DATE OF OPERATION WAS PERFORMED 17A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 17A. ACCIDENT WAS UNDERLYING DOWN AS PERFORMED 21B. PLACE OF INJURY home, form, foctory, etc.) 21B. PLACE OF INJURY HOME, form, foctory, etc.) 21C. I certify that (X (this hospital) attended the deceased from that (X (we) lost saw the deceased alive an MARCH MARCH 17A. ACCIDENT WAS UNDERLYING While At Work While At Work While At Work Work 17A. ACCIDENT WAS UNDERLYING HOME, form, foctory, etc.) 21B. PLACE OF INJURY HOME, form, foctory, etc.) 21C. I certify that (X (this hospital) attended the deceased from MARCH 17A. ACCIDENT WAS UNDERLYING While At Work 21C. I certify that (X (this hospital) attended the deceased from MARCH North MARCH ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY While At Work While At W	RRED Not While Attwork Attwork Attwork Attwork Attwork Attwork Attwork Attwork Attwork Company Compa	21F. HOW DID IN 3 9 68 ond of bady after death Med. Director D DRESS ATON & WI Y 24D.	(If in Bolting In Bolt	MARCH 3 19 68 opinion deoth occurred on the d 23B. DATE SIGNED 3-3-68 ES., BALTO., MD. (City, town, or county) (Stote
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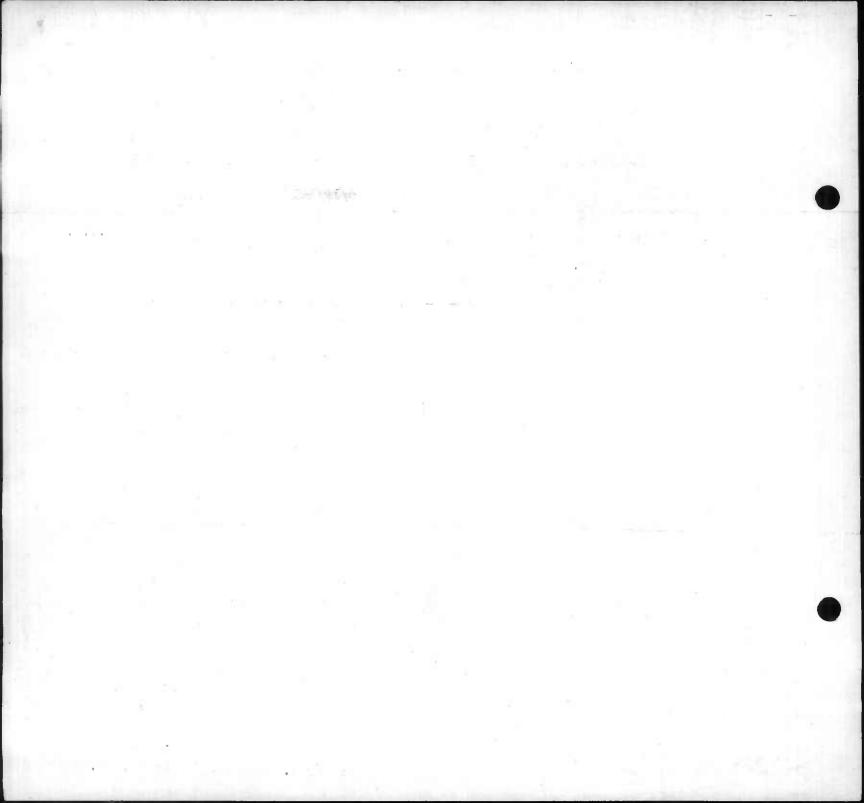
The Charles 191

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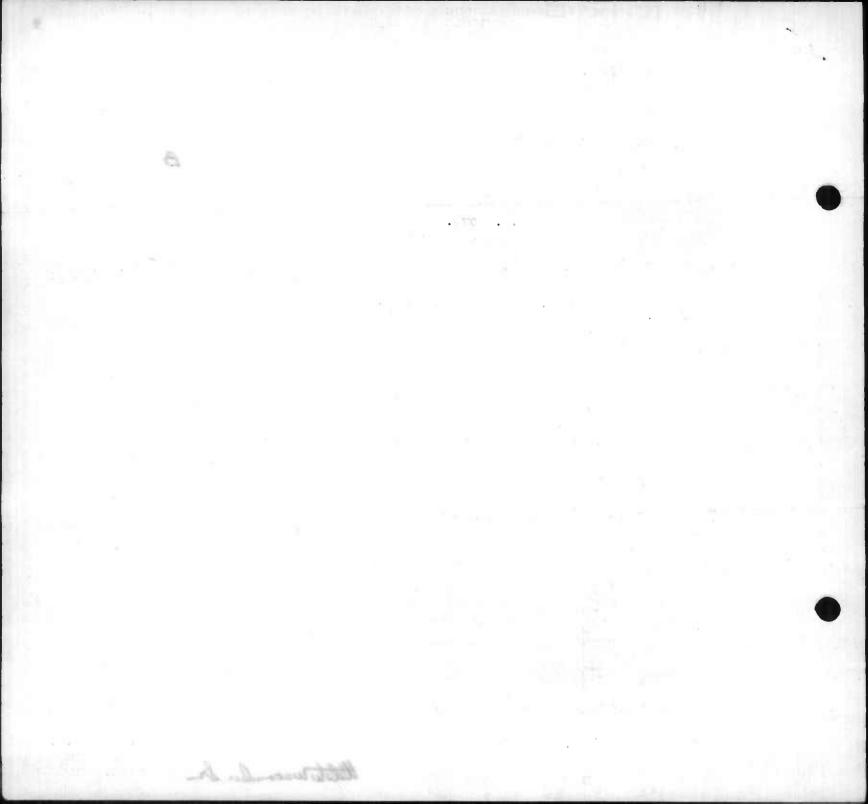
This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

68- 2621 BALTIMORE CIT	Y HEALTH DEPARTMENT 68- 2621
CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED BUSSE, PAUL F.	2. DATE AND HOUR OF DEATH 3 468 8 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where defeosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Talbott 70 - 2
Baltimore City Hospitals	Easton YES NO
3 / 4940 Eastern Avenue	E. STREET AND NUMBER
Baltimore, Maryland 21224	408 Cherry Street 21601
6. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED	6/14/1915 lost birthdoy 52 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired) Truck Driver	11. BIRTHPLACE (Stote or foreign country) Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul W.	Catherine
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) Yes WWII 16. SOCIAL SECURITY NO. 212-10-7933	Records: BCH-4940 Eastern Avenue
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE C. (DIFTO OR A	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	S A CONSEQUENCE OF:
ANTECEDENT CAUSES	vaernt siersis 6 urb
The state of the s	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	onic Dyslongomiles
203 X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	YES
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, factory, street, etc.)	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not W Work At Wo	
22. I certify that (1)(this hospital) attended the deceased from	2 19 1968 10 0/4 1968
that (1) (we) last sow the deceased alive on 3/4	19 6 and that in my (our) opinion death occurred on the date
ond hour ond from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	thending Med. Staff
23C. PHYSICIAN'S Tay GEGREE PI	23D. ADDRESS Baltimore City Hospitals
NAME (Type) Sherrod Hayes	4940 Eastern Avenue, Baltimore, Maryland 21224
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF C	ie e e e e e e e e e e e e e e e e e e
Burial 3/7/68 Spring Hill	Easton, Md. Talbot
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC, FUNERAL DIRECTOR ADDRESS
MAR 7 1968 P. Coult E. Laskeyma	The Jay D. Heverin F/H Easton, Md.21601

VS 150-REV. 1/1/68

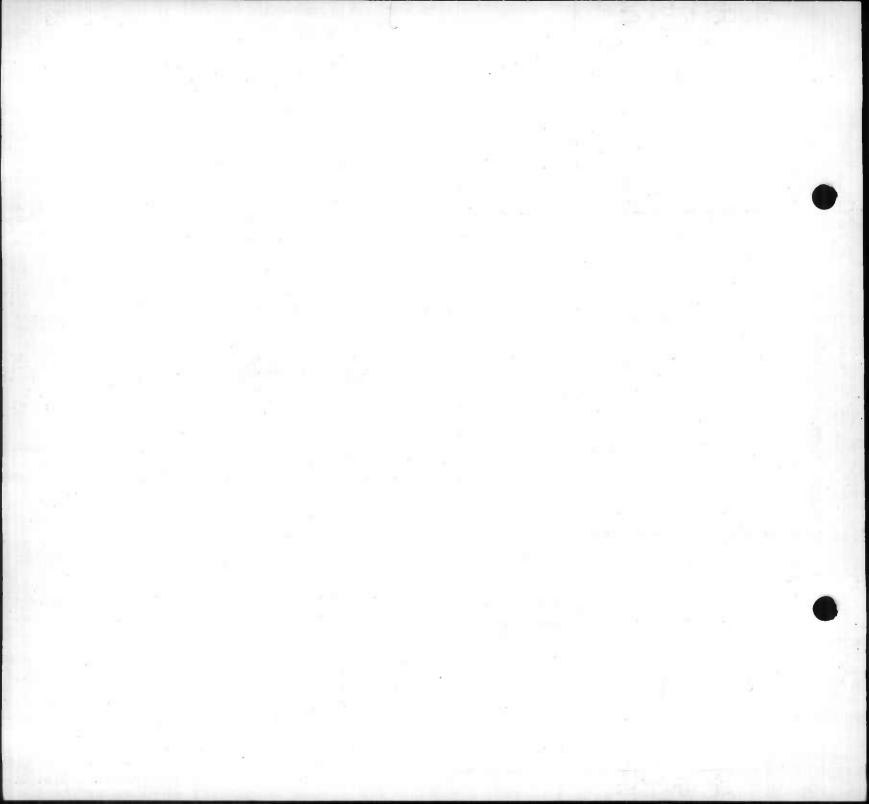


1		HEALTH DEPARTMENT	- 2622
	68- 2622 CERTIFICA	TE OF DEATH REGINO. OO	RUMIN
nd ed ed ch	BIRTH NO. 1. NAME OF DECEASED.	2, DATE AND HOUR OF DEATH	• 1
and leath asec the Sucl	(Type of Print)	3 140 18 11:11	PM
P o ce	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, if institution; re	Asidence before odmission)
spii o o o o o o o o o o o o o o o o o o o	S. PEACE IN BALLINIONS MARIEAND, WHERE PROPOSITION	A. STATE B. COUNTY	/ .
se Se (5) de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	dos Harford Co	62-00
nd ho	LINSTITUTION	C. CITY OR TOWN	
T te us	MARYLAND GENERAL HOMATAL	E. STREET AND NUMBER	NO
- Boots is	This part of the p	RPD#2 Box 376 B	
ed ed	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B, DATE OF BIRTH 9. AGE (In years If Unde	r 1 Yr. , If Under 24 Hrs.
or in ba	1 / / / / / / / / / / / / / / / / / / /	lost birthdoy) Months	Doys Hours Min.
ntin rr rr eg	M WIDOWED DIVORCED	1.16.24 44	ZEN OF WHAT COUNTRY?
h co	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dagne during most of working life, even if retired) U.S. GOVT.		
de inde	Commoning INSPECTOR Edgewood Arsenal	N.C.	SA
d C C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	^
7 9 4 × 4 0	HOMER A. BARIAN	GLENNIE BRUMMEL OS	RADNE
4 4 4 E P	15, Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
sto in in e e	(Yes, no or unknown) (If yes, give wor or dolas of service) SECURITY NO.	Dot AHAD	
ssi Tk tr	US UNLOCKWII 246-22-0721	175 CANK	APPROXIMATE INTERVAL
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er tro	heort failure, asthenio, etc. It means the disease, injury or complication which caused death.))TENS(10)	
a d D E	ANTECEDENT CAUSES POST	DAJRATIVE GI BLEEDING	4750
tho the	(8)	A CONSEQUENCE OF:	VOC 2/C
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	rise to the above couse (A) stating the		
an a	UNDERLYING CONDITION last. (C)		
dic ca ns ns ici	Z 578X II		
e d	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
+E > d. D e	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS	CONSIDERED
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P P P P P P P P P P P P P P P P P P P	2.29.68 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID (If in Boltimore City, giv	re exoct location)
tal by (2) here No ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?	
> = = = = = = = = = = = = = = = = = = =	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
d b osp tut (6)	S OF INJURY		
d de de	(APPROX.) Work At Work		
he he an	22. I certify that (I) (this haspital) attended the deceased from 2	. 29 68 19 to 3 MAL	19.68
of are of	that (I) (we) last saw the deceased alive an 3me	19 6g and that in(my) (aur) apinion dea	th accurred an the date
0 0 5 7	and hour and fram the causes stated abave. (1) (We) (did) (did nat)	view the bady after death.	
ust be a cased to dent of ospital death) must be	23A. SIGNATURE	23 B. DA	TE SIGNED
2 9 0 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ending Med. Staff Phys. S	mas 60
T + T	O'COREE	23D. ADDRESS	
was An c An c prio	NAME (Type)	MARINA COSI HOSED 16	ba DMMS
-	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town,	or county) (State)
F TO O O E	REMOVAL (Specify)		
_ < 0 :	Removal 6Mar. 68 Mountain View Ce		
the bod shows: was D.C decease	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Tarring Fune	rairyrome
F = 0 3 0 3		Walsh warmen Sr. Aborde	en. Maryland
	VS 150-REV. 1/1/68		



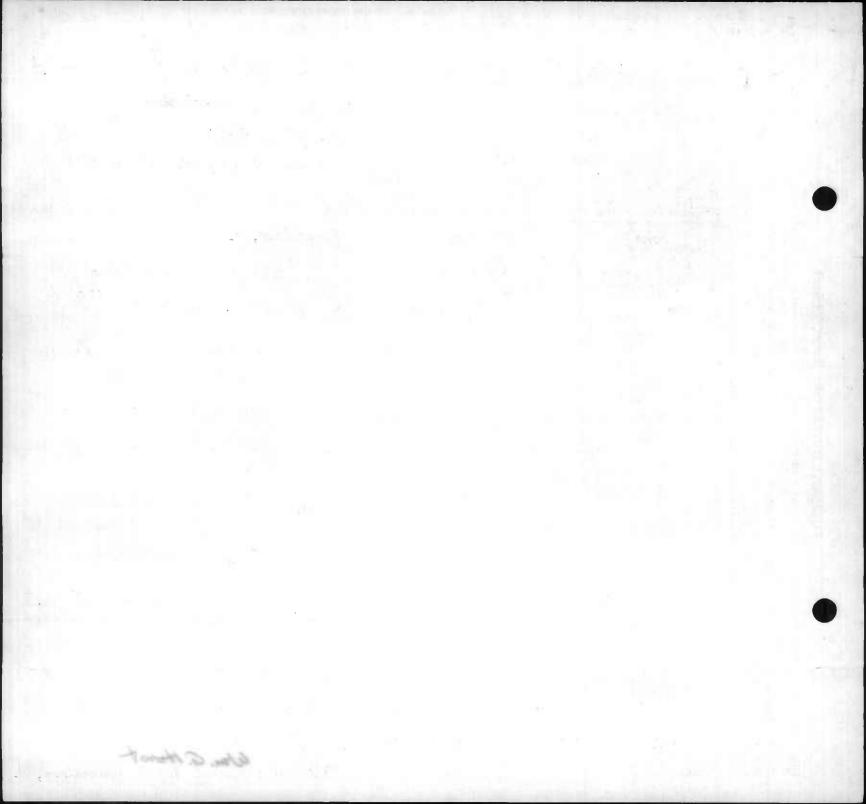
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

10 150		BALTIMORE CITY	HEALTH DEPARTMENT		68 2623
X-152	68 2	623 CERTIFICA	TE OF DEATH	REG. NO.	00 2020
BIRTH NO.	00 7	OLIKI II TO	2. DATE AND HO	UR OF DEATH	
(Type or Print)	W Dalida				2:00 A M
3. PLACE IN BALTIMORE	nna M. Robins MARYLAND, WHERE PR		March (4. USUAL RESIDENCE (Where decided as STATE B, COUNTY	6. 1968 eosed lived. II institu	
FULL NAME OF (IF HOSPITAL OR AD	NOT IN HOSPITAL OR II DRESS OR LOCATION)	ASTITUTION, GIVE STREET	Maryland 21212		CITY LIMITS?
	use in the Pi	nes Nursing Home	Baltimore	Y	ES NO NO
97 2525 W	. Belvedere A	venue	E. STREET AND NUMBER		
Baltim	ore, Md. 212	215	609 Glenwood Av	enue	
5. SEX 6. RAC	7- MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AG	E (In years III	Under 1 Yr. If Under 24 Hrs.
		WED DIVORCED	Jan. 12, 1894 74		
IOA, USUAL OCCUPATION		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	untry) 1	2. CITIZEN OF WHAT COUNTRY?
Homemaker	10, 00011 11 10111007		Baltimore, Md.		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Tok	n Lindner		Unknown		
15. Was Deceased Ever in		1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes,	give wor or dotes of serv	SECURITY NO.			
No	and the	121-07-9473B	Norman H. Robinson	n (Husband) Same
18. 172.9	1	CAUSE OF DEAT	0- 1- 0	10	BETWEEN ONSET AND DEATH
	CONDITION DIRECTLY	Mal	equant helanon.	a. with	ityus.
(This does not meo	n the mode of dying,		ACONSEQUENCE OF:	g	
	a, etc. II means the dis a which caused death.)		despread metatake	, distant	
ANTEC	DENT CAUSES		U		
	NDITIONS, if any, g	(B)	A CONSEQUENCE OF:		
rise to the abov	e cause (A) stating				
UNDERLYING CON	DITION last.	(C)			
z 190.9	11				
TO THE DEATH BUT N	ONDITIONS CONTRIBUT				
19A. DATE OF OPERA	IN GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	. IF YES, WERE FIN	DINGS CONSIDERED
U 21A, ACCIDENT WAS	WAS PERFORMED		N/O IN	CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, of etc.)	n or obout 21C. WHERE DID	(If in Boltimore C	ity, give exact location)
2					
5 01 11100111	(Day) (Year) (Haur)	21E. INJURY OCCURRED While At T Not While	21F. HOW DID INJURY O	OCCUR?	
(APPROX.)		Work At Work			
22. I certify that (I) (t his hospital) atten	ded the deceased from	April 196	3 to M.	arsh 6 1968.
that (+) (we) last so	w the deceased alive	on March	19 68 and that in	(my) (aur) apinla	n death accurred on the date
and hour and fram	and have and from the causes stated above. (* (We) (did) (did not) view the body after death.				
23A. SIGNATURE Attending Med. Staff Director Phys. 3 6 68					B. DATE SIGNED
					23C. PHYSICIAN'S
NAME (Type)	1 Recent	a Ma	443 8, 2	15th S1	- Balto, Mel-
24A. BURIAL CREMATION REMOVAL (Specify)	ORECHE,	4C. NAME of CEMETERY OF CR	EMATORY 24D. LOCAT	ION (City,	town, or county) (State)
Burial	Mar 0 1069	Holy Redoman Co	matawa Dalti-	one Ma	
25A. DATE REC'D BY HEA	LTH DEPT. 258. NA	Holy Redeemer Co		ugama M.	Laif ADDRESS
MAR 7 1968	P. D. R. S. J.	La Bey Min		1	ork Rd. Balto Md.
VC 150 DEV 1/1/40	APORTA AL MO		Doron Functal I	ALL YEAR I	UFK KO, Balto Md



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

11,	/	1/2 1/2 1/2 1/43		BALTIMORE CITY	HEALTH DEPARTMENT	11	68- 2624
K	-220	+ 268.	- 262	A CERTIFICA	TE OF DEATH	REG. NO.	00 2021
BIR	TH NO. Hage	existern, mg 68.	HUN	, L OSKIII IO,		HOUR OF DEATH	5
	pe or Print)	JANET	ELA	INE KES	ECKER M	ARCH =	1968 3 7 m.
3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT)		stitution: residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	M OL	Washingt	on 1/-03 DE CITY LIMITS?
IN	STITUTION	UNIV. H	OSP		1/1	NUN	YES NO NO
	22				E. STREET AND NUMBER	30.0	1
	20	BALTO.	Te-		39£. 1	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
3.	SEX	. RACE	MARRIED WIDOWED			st birthdoy)	Months Doys Hours Min.
			108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
don	41	orking life, even if retired)		Name	Haceratown	d	USA
13.	None FATHER'S NAM	E		None	Hagerstown, M	E	4311
	P	0 1	V.		0.00		
15	rein	mona L iver in U. S. Armed For	. /6	1 6. SOCIAL	17. INFORMANT	ey (Cecel	ia {laine}
(Ye	s, no or unknown)	If yes, give wor or dote	s of service)	SECURITY NO.	M. INFORMANT	,	JANIV.
	No			None	K. Kask	inen!	12 HOSP.
	18.0 0 24.	Δ Ι		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY	ACIT	E / 11/10/11/20		11 00 - 1
	The same	EADING TO DEATH	duine no	(A) MMEDIATE CAU	SE 29MPHOC	4TIC FUKEN,	16 MON.
	heart foilure, o	I meon the mode of sthenio, etc. II meons	the discose		CONSEQUENCE OF:	FUKEN	14
		licolion which coused	deoth.)				
	A	NTECEDENT CAUSES		(8)			***************************************
		CONDITIONS, if obove couse (A)			A CONSEQUENCE OF:		
		CONDITION lost.	stotting the	(C)			
	201/3						
ATION		ANT CONDITIONS CO					
	DISEASE OR CO	BUT NOT RELATED TO THE NOTION GIVEN IN PAR	T 1 (A).		*		
ERTIFIC	19A. DATE OF	OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT	0		T lost		700	0/ - 0 1-	
AL C	OR CONTRIBUT	TWAS UNDERLYING TING CAUSE OF	hor etc	ne, farm, foctory, street, of	fice bldg., INJURY OCCUR?	(It in Boltimor	e City, give exoct location)
DIC		(Month) (Doy) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID INJU	BY OCCIIB?	
ME	OF INJURY	(Nonin (Doy) (Tean		hile At Not While		KI OCCOK:	
	(A PPROX.)		W	ork L At Work		(0)	
	22. I certify t	hat (1) (this haspital) attended	the deceased fram	Feb / 19	60to 1	MARCH S 19 60.
	that (1) (we)]	ost saw the decease	d alive an.	MARCH 5	19 68 and tha	t in (my) (aur) opi	nian death accurred an the date
	and hour and	from the causes stat	red abave. (1) (We) (did) (did nat) v	iew the bady after death.		
	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED						23B, DATE SIGNED
	Kustinen MD Attending Med. Shaff March 5/68					march 5.68	
	23C. PHYSICIAN	rs		DEGREE	23D. ADDRESS		1000013/00
	NAME (Ty) 15 1 d C~1	1 1	105 K 115-1	- // 1/11/ //	1000 p	1122 121 1
24	A. BURIAL CREM	ATION, 24B, DATE	124C N	AME of CEMETERY OF CRE	MATORY 24D. LO	CATION IS	ty, town, or county) (Stote)
1	REMOVAL (Sp	ecify)	240.19				
	Burial	3/7/6	8 K	est Haven Ceme		erstown,	Maryland ADDRESS
25	100	HEALTH DEPT.	2SB. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	Vac. G. No	
	MAK (1968 Robert	2,50	Ben Mill	Rest Haven 3	runeral (ha	pel Hagerstown, Md.
1/5	150_PEV 1/1/66	3					



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cause;

68-2625 BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HEINMULLER 1968 MARY E MARCH 5, 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND 21228 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? ST. AGNES HOSPITAL BALT IMORE YES prior E. STREET AND NUMBER CATON & WILKENS AVES. BALTIMORE, MD. 21229 433 SO. ROLLING RD is made. 9. AGE (In years S. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased lost birthday Months Doys 82 FEMALE WHITE WIDOWEDX DIVORCED 11-02-85 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the CHARLES PFEIFFER MARGARET BROOKS On 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbal heart failure, asthenia, etc. 11 means the diseose, regular injury ar camplication which coused death.) ANTECEDENT CAUSES 0 are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) stating the UNDERLYING CONDITION last. before the remains Was 334 X 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? MEDICAL ON (9) DEATH (notify medical exominer) obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED Not While OF INJURY While At (APPROX.) and Work MARCH 22. I certify that (A) (this haspital) attended the deceased from 68 MARCH pe eath) ond hour and from the couses stated above. XI) (We) (did) (XXVnat) view the body after death. must 23A, SIGNATURE 70 Attending Med. Staff 0 Director approval 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) WILKENS CATON 3 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specily written 3/ 26B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

BALTO., MO. 21229 ST. AGNES RECORDS-CATON & WILKENS AVES BETWEEN ONSET AND DEATH 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 68 ond that in my) (our) opinion death accurred on the date 23B, DATE SIGNED

12:30A M.

If Under 24 Hrs.

NO

U. S. A.

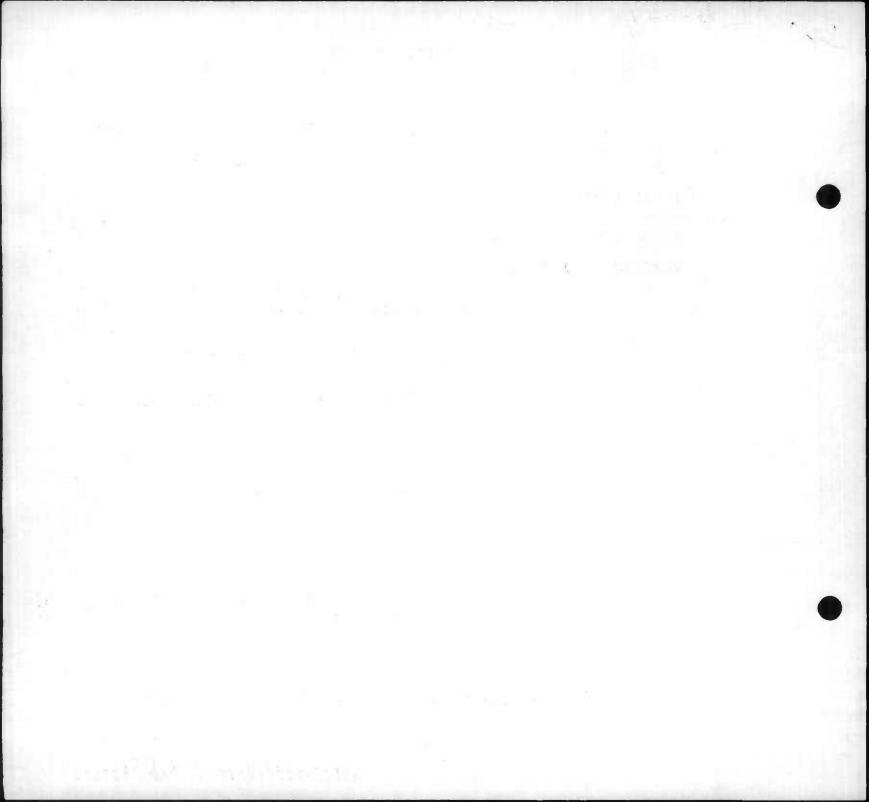
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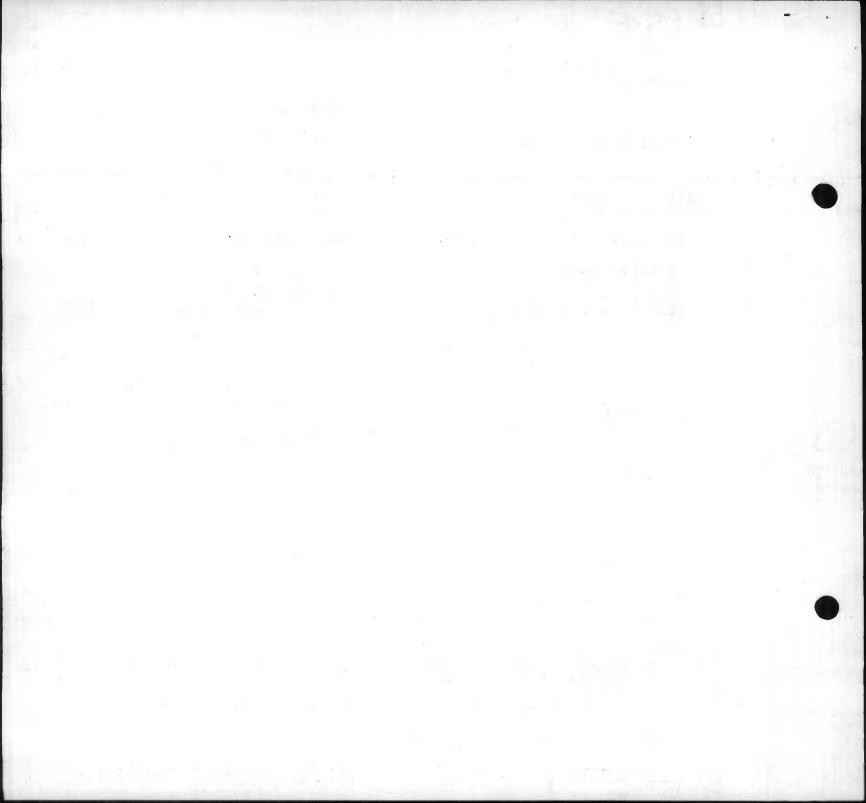
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

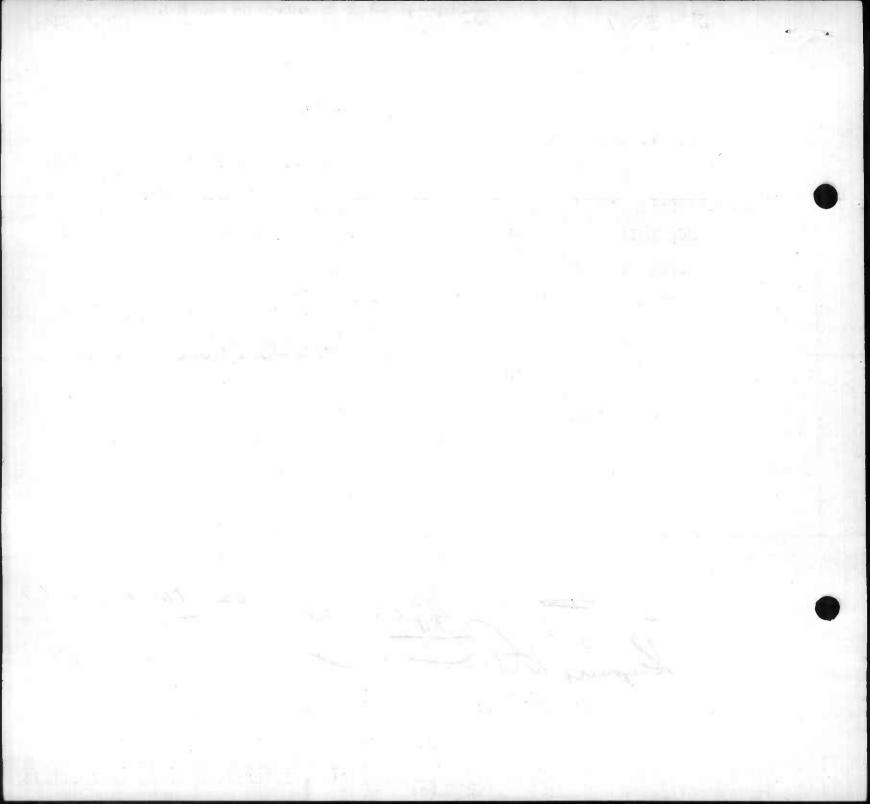
	4-524 BALTIMORE CITY HEALTH DEPARTMENT
BI	CERTIFICATE OF DEATH
1. (T	NAME OF DECEASED N. ANSELEVITCH (HAWKINS) 2. DATE AND HOUR OF DEATH SARAH (HOUSEL) (ANSELL) 6. SOPM. on 3/5/68. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FI	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
11,	Ma lu de l'Hastital Estrett AND NUMBER
1	428, S. Pulaski Street
S.	FEMALE HITE WIDOWED DIVORCED 9. AGE (In years lost birthday) On the property of the property
	IA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
100	HOUSEWIFE AT HOME BOSTONMASS. U.S.A.
13	FATHER'S NAME
-	ABRAHAM XX FINN UNKNOWN
1.5 (Y	(Was Deceased Ever in U. S. Armed Forces? as, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. MR. HARRY ANSELEVITCH
L	NO 219-32-0636 428 S. PULASKI STREET #21223 CAUSE OF DEATH APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
	LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH
	(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose,
	heart foilure, osthenio, etc. Il meons the disease, injury or complication which coused death.)
	ANTECEDENT CAUSES (8) Acute Myocardial Islantien
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) stoting the UNDERLYING CONDITION losf. (C)
	H20./ II
2	
AT	DISEASE OR CONDITION GIVEN IN PART † (A).
COTIEIC	2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AI CED	J 27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout)21C. WHERE DID (If In Boltimore City, give exact location)
1	
M	OF INJURY While At - Not While -
	Work At Work
	22. I certify that (I) (this haspital) attended the deceased fram 3 5 19 Cf ta 3 5 19 Cf.
	that (I) (we) last saw the deceased alive an
	and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shaff
	Attending Med. Shaff Director Shaff
	23C. PHYSICIAN'S NAME (Type) S. SWAROOP Attending Med. Director Staff Director
24	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
	BURIAL 3-6-68 MOSES MONTIFIORE BALTIMORE, MARYLAND
25	5A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
	MAR 7 1968 P. O. B. E. Fashing SOL LEVINSON & BROS. INC.
V	\$ 150-REV. 1/1/68



C-500 68-2627	BALTIMORE CITY HEA		PLC NO	8- 2627
BIRTH NO.	CERTIFICATE			
1, NAME OF DECEASED (Type or Print) HARRY COHEN		MARCH	6, 1968	2 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	JSUAL RESIDENCE (Where STATE B. COUNT	deceosed lived, If insti Y	lution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MARYLAND LITY OR TOWN		CITY LIMITS?
117 LAKE DRIVE, APT. 1 B	E. 5	BALTIMORE STREET AND NUMBER		YES XX NO
0		717 LAKE DR	IVE. APT.	1 B #17
	AEAEK WAKKIED	-14-1899	AGE (In years est birthdoy)	II Under 1 Yr. If Under 24 Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUS				12. CITIZEN OF WHAT COUNT
Sone during most of working life, even it retired) FLOOR MANAGER 408 C	LUB 1	BALTIMORE M	ARYLAND	u.s.A.
ABRAHAM COHEN		SARAH ?		
5. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL SECURITY NO.	S. FLORENCE	COHEN	ADDRESS
YES W.W. I ARMY		17 LAKE DRIV		B #21217
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stoling the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. UNDERSON OF OPERATION 119B. CONDITION FOR WHICH		ONSEQUENCE OF: LESCLIFE 20A. AUTOPSY? (Yes or No)		15 yvs
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH Grekation	ON AUTOF ST: (Ves of No.)	20 B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer)	CE OF INJURY (e.g., in or of orm, foctory, street, office t	obout 21C. WHERE DID oldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJ (APPROX.) While A	Not While At Work	21F. HOW DID INJU	RY OCCUR?	
22. 1 certify that (I) (thits hospital) attended the de	eceased fram	110	67 10	Mar 6 1968
that (1) (west) last saw the deceased alive an	(a) (did) (did ==4)		t in (my) (our) apini	an death accurred an the d
23A. SIGNATURE		The bady drier dedin.	2	3B, DATE SIGNED
Heriosto Cohe	Attending Phys.	Director L P	hys.	mar. 6, 196
23C. PHYSICIAM'S NAME (Type) JONAH H. COHEN		ADDRESS 702 PARK HEI	IGHTS AVEN	UF
	of CEMETERY OF CREMAT			town, or county) (Stote)
BURIAL 3-7-68 BNAI	ISRAEL		LTIMORE, M	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	EGISTRAR Tankey MA	SOL LEVINSON	N & BROS. RSTOWN ROA	INC. D #21215
VS 150-REV. 1/1/68			The state of the s	



1	BALTIMORE CITY	HEALTH DEPARTMENT
the th	S - 35 / 68 - 2628 CERTIFICA	
f death eceased on the	1. NAME OF DECEASED (Type or Print) MOLLIE STEINBERG	MARCH 5, 1968 12:10 P.M.
at e o o t	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission) A. STATE B. COUNTY
nospir use of (5) De lance death	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS
cause cause ise; (5 endan to de	INSTITUTION	BALTIMORE YES NO
	4034 W. COLD SPRING LANE	E. STREET AND NUMBER
uting ed ca ar at prio	0.0	4034 W. COLD SPRING LANE #21215
ed in its	MARKIED WINEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
ontri ontri ermi regu ease	FEMALE WHITE WIDOWED DIVORCED	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or corndete	done during most of working lite, even if retired)	
ded Und as e d	HOUSEWIFE AT HOME	BALTIMORE, MARYLAND U.S.A.
ative to control (4) (4) Under to control (4) Under to control (4) Under to the control (4) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	MEYER DICKMAN	SARAH LEVIN
dis dir	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
0 0 0 0		MR. HARRY STEINBERG
f th ry ki d do ance	18. // / C CAUSE OF DEATH	4034 W. COLD SPRING LANE #21215
his a so, if of any unced tenda	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Als e of nou	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU	SE Infarction / hour
ctur ctur ar	heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	A CONSEQUENCE OF:
E E B E	ANTECEDENT CAUSES	
A fr A fr Vho reg		A CONSEQUENCE OF:
(3) (3) and s	rise to the obave cause (A) stating the UNDERLYING CONDITION last. (C)	
ical ial is; cia as	420.1	
dic ysi	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
y by		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
Body the the ysic e th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
by (2) by (2) by ph)	OR CONTRIBUTING CAUSE OF	n or obout 21 C. WHERE DID (If in Boltimore City, give exoct location)
+ B W O W	DEATH (notify medical examiner) etc.)	
roved by the hospital young nature; xcept whe sand (6) No btained be	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work	
the iny exc	22. I certify that (I) (this hearts) of tended the deceased from	1962 10 March 5 19 69
0 0 0 0	that (I) (we) last sow the deceased alive an James 1	19 ond that in(my) (our) opinion death accurred on the date
t be a sed to int of ipital eath)	ond hour ond from the causes stoted oboye. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	iew the body after death. 23B. DATE SIGNED
de d	AHO	nding Med. Staff 3 5 6
E + C = I	23C. PHYSICIAN'S	23D. ADDRESS
was r An a A at a prior	NAME (Type) SEYMOUR RUBIN	5415 PARK HEIGHTS AVENUE
- ~ - H	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
F P O O E	BURIAL 3-6-68 BETH JACOB VEC.	AIR ROSEDALE, MARYLAND
->	2SA, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	SOL LEVINSON & BROS. INC.
the sho was	MART 1968 A Carlo E, talley	6010 REISTERSTOWN ROAD, BALTO, 21215
	VS 150-PEV 1/1/6B	

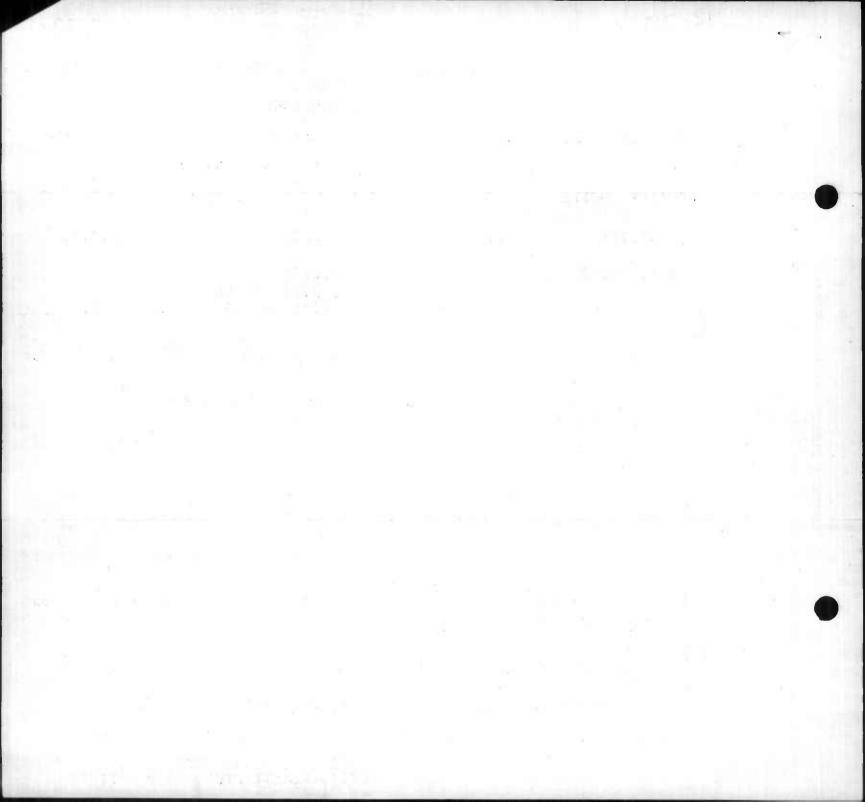


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if death occurred in

5 12 -		HEALTH DEPARTMENT		00 0
BIRTH NO. 68-26	29 CERTIFICA	TE OF DEATH	REG. NO.	00 20
1. NAME OF DECEASED	~	2. DATE AN	D HOUR OF DEATH	
Schlenott	Lruing	MORRIS 3/	5/68	705 Huy
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	e deceased lived. If inst	titution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Marylan	d.	21-1%
Cinai Hospita	1 of Balt.	C. CITY OR TOWN		YES NO
3/1101		E. STREET AND NUMBER		A
40		5404 (9137 7	4 UC, #21215
S. SEX 6. RACE 7. MARR WIDOW	IED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if retired)		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
	F EMPLOYED	NEW YORK		U.S.A.
13. FATHER'S NAME	LMILOYLU	14. MOTHER'S MAIDEN NAM	ΛE	W. S. M.
MORRIS SCHLENOFF		UNKNOWN		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serving)	1 6. SOCIAL SECURITY NO.	MR. MAURICE	SCHIENOFF	ADDRESS
NO	213-28-0026			ro. 21215
18.4/0,9	CAUSE OF DEATH	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1/4 000 0	0.00	1. 1/1/12
(This does not mean the mode of dying,		A CONSEQUENCE OF:	as surface	Ta 4 Ws.
hearl failure, asthenia, etc. It means the dise- injury at camplication which caused death.)	ase,	Λ.	0 0	
ANTECEDENT CAUSES	(a) Hot	enoscholic	andores	culul lane
DISEASES OR CONDITIONS, if any, given	, mg	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)	*************************		
- 420,1 II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FI	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CAU	ISES OF DEATH?
Or CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
APPROX.)	While At Work Not While At Work	e 🔲		
22. I certify that (H) (this haspital) attend		, /	1968 10 3/	5/68/ 19
that (I) (we) last saw the deceased alive	an 704			ian death accurred an the dat
and have and from the causes stated abov	e. (1) (We) (did) (did not) v			
23A. SIGNATURE				23B. DATE SIGNED
Marana Dr	Wen gegree Phy	ending Med. S. Director	Staff Phys	3/5
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS SINAI +	HOSPITAL	
	C. NAME of CEMETERY OF CRI	EMATORY 24D. L	OCATION (City	y, town, or county) (State)
REMOVAL (Specify)				
	CHIZUK AMUNO (2SC. FUNERAL DIRECTOR		MARYLAND ADDRESS
MAR 7 1968 A 0. 6	2. Jankupa	SOL LEVINSO	ON & BROS.	INC.
/S 150-REV. 1/1/68		16010 KEISTI	ERSTOWN ROA	AD, BALTO. 2121

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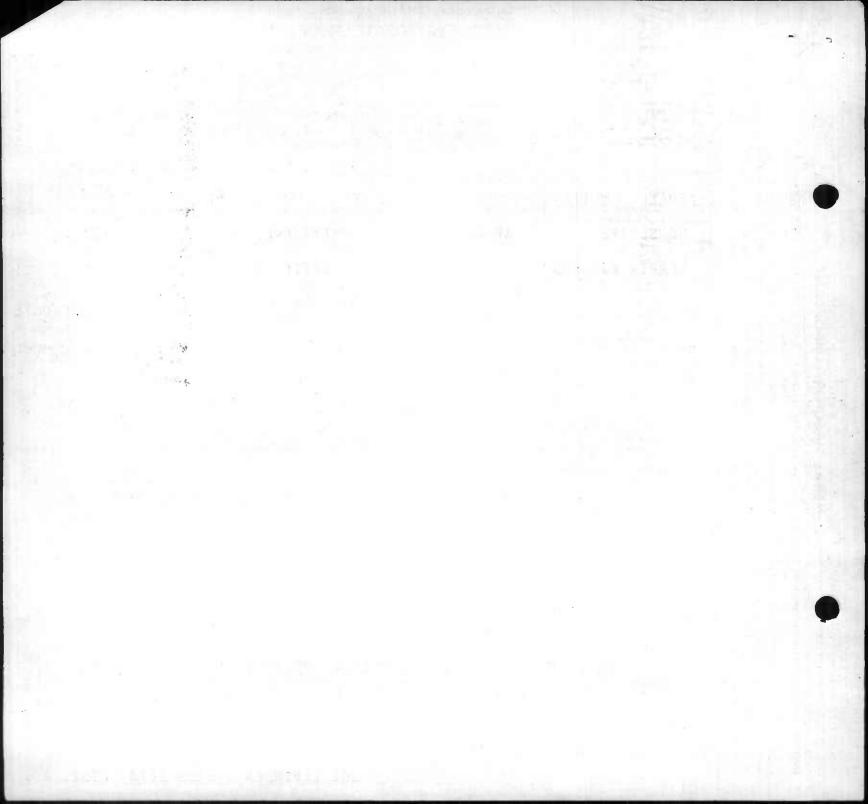
11	2000	HEALTH DEPARTMENT REG. NO.	00000
	TH NO.	TE OF DEATH REG. NO. —	00 2000
	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
1	ROSE CLARA ROSENFELD	MARCH 4, 1968	10:55 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	nstitution: residence before odmiss
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. INS	SIDE CITY LIMITS?
0 1	PALL MALL NURSING HOME	BALTIMORE ()	YES NO
		3422 BARRY PAUL RO	AD
5.	6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours: Mi
	FEMALE WHITE WIDOWED DIVORCED	81	
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COU
GOF	HOUSEWIFE AT HOME	RUSSIA	U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.
	W. 1994 0 0 0 1995	05050405	
15	HARRY SHORR Was Deceased Ever in U. S. Armed Forces? s,no orunknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	GERTRUDE ?	ADDRESS
(Ye	(If yes, give wor or dotes of service) SECURITY NO.	DR. MYER ROSENFELD	
	216-09-082 CAUSE OF DEAT	9 1125 RAMBLEWOOD R	OAD#21212
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAL		10 mmll
		A CONSEQUENCE OF: /	***************************************
	injury or camplication which caused death,)	· 21 1- 1 1 1	
	ANTECEDENT CAUSES (B) Care	inoma of Bladeler	
	DISEASES OR CONDITIONS, II dily, giving	A CONSEQUENCE OF:	
	rise Ia Ihe abave couse (A) stating Ihe UNDERLYING CONDITION last. (C)		
	18110 II		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes ar No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ERT	21A ACCIDENT WAS UNDERLYING TO 121B BLACE OF WHITE	in as about 21 F. WHERE DID.	an City also and the sates
	218. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., hame, form, factory, street, or etc.)	ffice bldg. INJURY OCCUR?	re City, give exact location)
10			
143	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) White At Work Not Whi		,
11	22. I certify that (1) (this hospital) attended the deceased fram	un 2 (1967 ta 3	19.6
	that (I) (we) last saw the deceased alive an 3/3	10	inian death occurred an the
	and haur and fram the causes stated abave. (1) (We) (did) (did not)		account of the
1	23A. SIGNATURE	view ine body uner death.	23B. DATE SIGNED
(Now It me I woo Ath	ending 71 Med. Staff	7/4/18
	236 PHYSICIAN'S	23D. ADDRESS	21/00
	NAME (Type)		44.4
	LOUIS H. TANKIN GEGREE	7111 PARK HEIGHTS AVE	
24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		ity, town, ar county) (St
	BURIAL 3-5-68 CHIZUK AMUNO	BALTIMORE,	MARYLAND
25.	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	MAR 7 1968 R. O. B. E. Farley M. A.	SOL LEVINSON & BROS.	INC.
1	THE TOUCH THE PARTY OF THE PART	6010 REISTERSTOWN RO	AT) #9191E



VS 150-REV. 1/1/6B

(Ty	pe or Print)	BURROW	s, San	h	2. DA	TE AND HOUR OF DI		68 , 6,4
3.	PLACE IN BALT	IMORE MARYLAND,			4. USUAL RESIDENCE	(Where deceased lived	d. If institution:	rosidenco before c
FU	ILL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	JTION, GIVE STREET	Md.	Baltimor	e	1-0:
				Tulingary	3altin	0	. INSIDE CITY YES	
L	evinda	a Hearm	drame B	2 Informary	E. STREET AND NUM		165 [4 NOL
1	0				409 N. P.	atterson P	ark Av	enue.
5. 5	SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	s If Und	der 1 Yr. If Unde
101	FEMALE		WIDOWED [FEB - 190	92.42	68	
	ne during mast of w	vorking life, even if retired)			Y 11, BIRTHPLACE (Stoto		12. CI	ITIZEN OF WHAT
12	HOUSE		AT I	HOME	BALTIMO			USA
13.						NAME		
15.		S ROTHOUS	irces?	1 6. SOCIAL	KATIE 17. INFORMANT	?		ADDRESS
(Ye		(If yes, give war ar dot	tes of sorvico)	SECURITY NO.		via Roseu	reld	
_	NO	0.6		YES CAUSE OF DEA	TH		3	526 ROCK
	20	E OR CONDITION D	IDECTIV					BETWEEN ONSET A
		LEADING TO DEATH		A NAMEDIATE CA	S A CONSEQUENCE OF:	aru Embo	olism	15 m
		ot mean the made a		DUE TO, OR AS	A CONSEQUENCE OF:			
	injuly at cam							
	1	plication willen cause	a deam./			•		
	A	ANTECEDENT CAUSE		(B)		•		54~
	DISEASES O	ANTECEDENT CAUSE	S any, giving	(B)	Malm S A CONSEQUENCE OF:	•		54~
	DISEASES O	ANTECEDENT CAUSE	S any, giving	(B)		•		5 4~
z	DISEASES Onise to the UNDERLYING	R CONDITIONS, if abave cause (A) CONDITION last.	S any, giving stating the			•		54~
ATION	DISEASES Onise to the UNDERLYING OTHER SIGNIFITO THE DEATH	ANTECEDENT CAUSE: R CONDITIONS, if abave cause (A) CONDITION last. IL ICANT CONDITIONS COME HE BUT NOT RELATED TO	any, giving stating the			•		5 4~
CATIO	DISEASES Orise to the UNDERLYING OTHER STGNIFIT TO THE DEATH DISEASE OR CO.	R CONDITIONS, if abave cause (A) CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	S any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(c)		<u>itrition</u>		54~
ERTIFICATIO	DISEASES O nise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO	ANTECEDENT CAUSE: R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION PACTOR (A) TO CONDITION GIVEN IN PACTOR (A) TO CONDITION GIVEN GIV	S any, giving stating the STATE TERMINAL INTO 1 (A). NOTION FOR V REORMED	(C)	Malmas A CONSEQUENCE OF:	or No) 20B. IF YES, V	WERE FINDING G CAUSES OF	S CONSIDERED F DEATH?
CERTIFICATIO	DISEASES O ise to the UNDERLYING OTHER SIGNIFI TO THE DEATI DISEASE OR CO 19A. DATE OF 21 A. ACCIDEN OR CONTRIBU	ANTECEDENT CAUSE: R CONDITIONS, if abave cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. CO) WAS PEI IT WAS UNDERLYING	S any, giving stating the Stating the DNTRIBUTING THE TERMINAL INT 1 (A). NOTITION FOR V RFORMED	VHICH OPERATION PLACE OF INJURY (o.g., o, form, factory, steet,	Malm S A CONSEQUENCE OF:	or No) 208. IF YES, VIN CERTIFYING	WERE FINDING G CAUSES OF	54~
CAL CERTIFICATIO	DISEASES OF THE CONTRIBUTION OF CONTRIBUTION O	ANTECEDENT CAUSE: R CONDITIONS, if above cause (A) 6 CONDITION last.	any, giving stating the Stating the DNTRIBUTING THE TERMINAL AT 1 (A). NOTION FOR V RFORMED 21B. ham otc.)	VHICH OPERATION PLACE OF INJURY (o.g., o, farm, factory, street,	S A CONSEQUENCE OF: 20A. AUTOPSY? (You will be a considered of the constant	ar No) 20B. IF YES, VIN CERTIFYING	WERE FINDING G CAUSES OF	S CONSIDERED F DEATH?
AL CERTIFICATIO	DISEASES O nise to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY	ANTECEDENT CAUSE: R CONDITIONS, if abave cause (A) CONDITION last. II ICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. CO) WAS PEI IT WAS UNDERLYING	any, giving stating the Stating the Terminal (A). ONTRIBUTING THE TERMINAL (RT 1 (A). NOTION FOR V RFORMED 21B. ham otc.) (Hour) 21E.	VHICH OPERATION PLACE OF INJURY (o.g., o, farm, factory, street, o	20A. AUTOPSY? (You lin or obout 21C, WHERE alfice bldg., INJURY OCC	or No) 208. IF YES, VIN CERTIFYING	WERE FINDING G CAUSES OF	S CONSIDERED F DEATH?
DICAL CERTIFICATIO	DISEASES OF THE TOTAL THE DEATH OF THE DEATH OF CONTRIBUTE OF INJURY (APPROX.)	ANTECEDENT CAUSE: R CONDITIONS, if above cause (A) 6 CONDITION last.	any, giving stating the Stating the Stating the CONTRIBUTING THE TERMINAL (RT 1 (A). NOTION FOR V RFORMED 21B. ham otc.) (Hour) 21E. Whi War	VHICH OPERATION PLACE OF INJURY (o.g., o, farm, factory, street, or injury occurred) INJURY OCCURRED Le At At Wark	20A. AUTOPSY? (You will on or obout 21C, WHERE alfice bldg., INJURY OCC	or No) 20B. IF YES, VIN CERTIFYING DID UR? (If in Bo	WERE FINDING G CAUSES OF	GS CONSIDERED F DEATH?
DICAL CERTIFICATIO	DISEASES O ise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSE R CONDITIONS, is above cause (A) CONDITION last. CONDITION last. CANT CONDITION S CONDITION S CONDITION GIVEN IN PACTOR OPERATION 19B. CONDITION CAUSE OF modical examinary (Manth) (Day) (Year)	any, giving stating the Stating the CONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED 218. ham otc.) (Hour) 21E. Whi War	VHICH OPERATION PLACE OF INJURY (o.g., o, farm, factory, street, or injury occurred by the control of the cont	20A. AUTOPSY? (You will be like bidg., INJURY OCC	or No) 20B. IF YES, VIN CERTIFYING DID UR? (If in Bo	WERE FINDING G CAUSES OF	GS CONSIDERED F DEATH? give exact location)
DICAL CERTIFICATIO	DISEASES O nise to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSE: R CONDITIONS, if abave cause (A) CONDITION last. CONDITION last. CANT CONDITION S CO. H BUT NOT RELATED TO ONDITION GIVEN IN PA. OPERATION 19B. CO. WAS PEI T WAS UNDERLYING TING CAUSE OF modical examinor) (Manth) (Day) (Year) that (1) (this haspite last saw the decease	S any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED 21E. White was all attended the sed alive on	VHICH OPERATION PLACE OF INJURY (o.g., o, form, factory, sheet, or injury Occurred Not White At Wark are deceased from	S A CONSEQUENCE OF: 20A. AUTOPSY? (You will be considered bidgs, injury occided bidgs	or No) 208. IF YES, VIN CERTIFYING UR? (If in Bo	WERE FINDING G CAUSES OF	GS CONSIDERED F DEATH? give exact location)
DICAL CERTIFICATIO	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	ANTECEDENT CAUSE: R CONDITIONS, if abave cause (A) CONDITION Ist. CONDITION Ist. CANTICONDITIONS COME BUT NOT RELATED TO DODITION GIVEN IN PA OPERATION WAS PEI TWAS UNDERLYING TING CAUSE OF modical exeminary (Manth) (Day) (Year) that (1) (this haspite last saw the decease from the causes stored	S any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED 21E. White was all attended the sed alive on	VHICH OPERATION PLACE OF INJURY (o.g., o, form, factory, sheet, or injury Occurred Not White At Wark are deceased from	20A. AUTOPSY? (You will be like bidg., INJURY OCC	or No) 208. IF YES, VIN CERTIFYING UR? (If in Bo	were FINDING G CAUSES Of altimaro City, g	GS CONSIDERED F DEATH? give exact location)
DICAL CERTIFICATIO	DISEASES O nise to the UNDERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSE: R CONDITIONS, if abave cause (A) CONDITION last. CONDITION last. CANT CONDITIONS COMBUT NOT RELATED TO CONDITION GIVEN PROPERATION TO CAUSE OF modical examinary (Manth) (Day) (Year) that (1) (this haspite last saw the decease from the causes stages and causes and causes stages	S any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED 21E. White was all attended the sed alive on	VHICH OPERATION PLACE OF INJURY (o.g., o, farm, factory, street, or injury occurred he had work he deceased from 3 - 2	in or obout 21C, WHERE INJURY OCCUPATION OF THE INJURY OF THE INJURY OCCUPATION OF THE INJURY OF THE I	or No) 20B. IF YES, VIN CERTIFYING DID UR? (If in Bound that in (my) (aureath.	were FINDING G CAUSES OF altimaro City, g	GS CONSIDERED F DEATH? give exact location) The control of the c
DICAL CERTIFICATIO	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATI DISEASE OR CO 19A. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAUSE: R CONDITIONS, if above cause (A) CONDITION last. CONDITION last. CANT CONDITIONS COMBUT NOT RELATED TO CONDITION GIVEN PROPERATION (WAS PEING) CAUSE OF modical examinary (Manth) (Day) (Year) that (1) (this haspital last saw the decease from the causes started.	S any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED 21E. White was all attended the sed alive on	VHICH OPERATION PLACE OF INJURY (e.g., o, farm, factory, street, of the control	20A. AUTOPSY? (You will be a consequence of: 20A. AUTOPSY? (You will be a consequence of: 21F. HOW D 21F. HOW D 21F. HOW D wiew the bady after d tending Med. Director	or No) 20B. IF YES, VIN CERTIFYING DID (If in Bo UR? (If in Bo ur? (If in Bo ur) (aur eath.	were FINDING G CAUSES Of altimaro City, g	GS CONSIDERED F DEATH? give exact location) The oth occurred and the signed and the signed are signed as a signe
DICAL CERTIFICATIO	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	ANTECEDENT CAUSE: R CONDITIONS, if abave cause (A) CONDITION Ist. CONDITION Ist. CONDITION IST. CONDITION CONDITIONS CONDITIONS CAUSE OF MASS OF M	S any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR V RFORMED 21E. White was all attended the sed alive on	VHICH OPERATION PLACE OF INJURY (o.g., o, farm, factory, street, or injury occurred hat Wark	Dal market and the state of the	or No) 20B. IF YES, VIN CERTIFYING DID (If in Bo UR? (If in Bo ur? (If in Bo ur) (aur eath.	were FINDING G CAUSES Of altimaro City, g	GS CONSIDERED F DEATH? give exact location) - 2 - 19 eath occurred an
MEDICAL CERTIFICATIO	DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAUSE: R CONDITIONS, if abave cause (A) condition last. CONDITION last. CONDITION SCO. H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. COI WAS PEI TWAS UNDERLYING TING CAUSE OF modical examinarial (Manth) (Day) (Year) that (1) (this haspite last saw the decease from the causes stored in the cause stored in the ca	S any, giving stating the Stat	VHICH OPERATION PLACE OF INJURY (o.g., o, farm, factory, sheet, or injury occurred hat wark he deceased fram	in or obout 21C, WHERE alfice bldg., INJURY OCC 21F. HOW D ile	or No) 20B. IF YES, VIN CERTIFYING DID (If in Bo UR? (If in Bo ur? (If in Bo ur) (aur eath.	were FINDING G CAUSES OF	GS CONSIDERED F DEATH? give exact location)

an death occurred an the date 3B. DATE SIGNED MB ADDRESS SOL LEVINSON & BROS 6010 REIST. RD.



BIRTH NO

written

shows:

Was

I. NAME OF DECEASED

D. INSIDE CITY-LIMITS YES Y NO If Under 1 Yr. Months: Doys If Under 24 Hrs. 12, CITIZEN OF WHAT COUNTRY? MA WESSLING ADDRESS MRS. J.M. TAMES 208 TUNBR BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exoct location) and that in (my) (aur) apinion death occurred an the date 23R DATE SIGNED (City, town, or county) REMOVAL (Specify) Loudon Park Cemetery Baltimore 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEET. 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH

208 TOWNSHIPE AS IN m di 22 22 25 45 LILL WOTT TOOL 22 MALE TO THE IN JULY ALL HOMEN TONE OF THE INCONTENENCE . BOH

N. mar

19 8/- 2-8

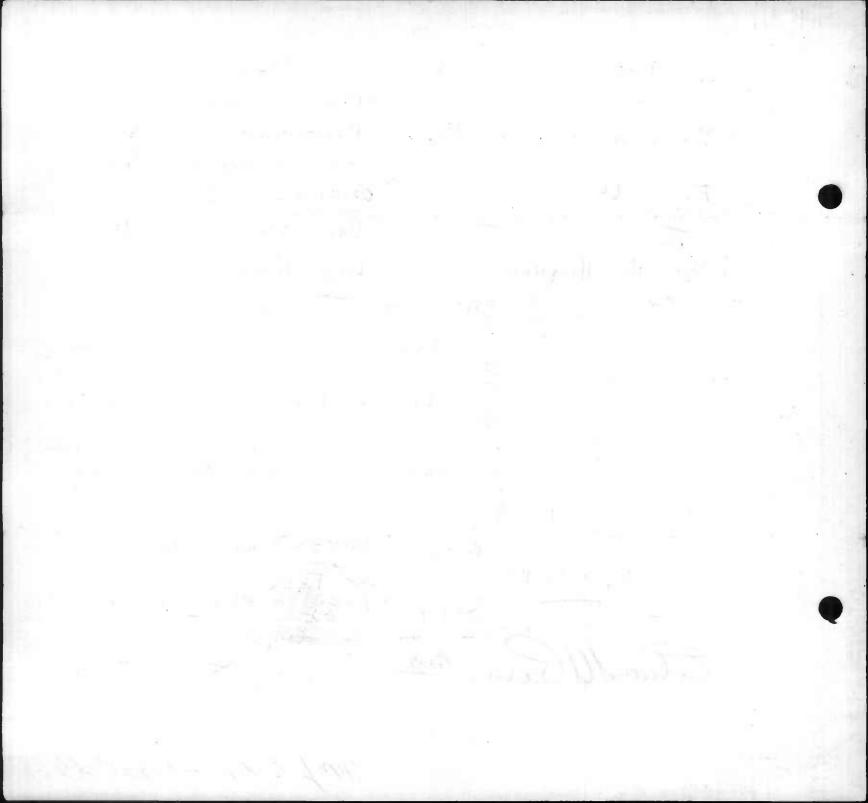
1 . 68-2	6.33	HEALTH DEPARTMENT	DEC NO	68- 2633
BIRTH NO. Jugoslavaca	CERTIFICA	TE OF DEATH	REG. NO	70 2000
I.NAME OF DECEASED	0	2. DATE AND	HOUR OF DEATH	· c. / 30
(Type or Print) DANIEL B	1, MARDER	MA	RCh 2,19	168 6 - P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	Υ , /	itution: residence before adhuission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION GIVE STREET	Pennsylvania	//-	- 35
HOSPITAL OR ADDRESS OR LOCATION)	or to the or the or the or	C. GILY OR TOWN	D. INSID	E CITY LIMITS?
	y).	Rate Colleg	e	YES NO
211n		E. STREET AND NUMBER		
Mercy Hospi	+AI	829 N	. Thomas	5 54.
5. SEX 6. RACE 7. MARR	HED NEVER MARRIED		. AGE (tn years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Haurs! Min.
m is widow		2715/1967/8	ist birthday)	Avointis, Doys Hudrs, Avin.
IOA. USUAL OCCUPATION (Give kind of wark 10 B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		500 . /1.	- +100	11 5 12
1 NTANT		JCOPIA GU 14. MOTHER'S MAIDEN/NAM	GOSTAVIA	U.S.A.
13. FATHER'S NAME		14. MOINER'S MAIDENINAM	,	
	greder.	BARBA	DRA HU	mpheey
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		/ ADDRESS
	None	Mr. Daniel Mard	er same add	dress as above
18.94.0	CAUSE OF DEATH		٨	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		- Undereverla	6	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE TPROFILEHUM G	indix - Byp. Clypr	estal? where
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	CONSEQUENCE OF:	7	
injury ar camplication which caused death.)	use,			
ANTECEDENT CAUSES	() bs	hoped A-1/8hin	1 4 (3)	F
DISEASES OR CONDITIONS, if any, gi	vina DUE TO, OR AS	A CONSEQUENCE OF:	7(-/``	
rise to the above cause (A) slating			v	
UNDERLYING CONDITION last.	(c)			
z 344./ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or Na)	20B. IF YES. WERE FI	NDINGS CONSIDERED
WAS PERFORMED		455	IN CERTIFYING CAU	SES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Boltimare	City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, af	fice bldg., INJURY OCCUR?		
U	21E, INJURY OCCURRED	21F. HOW DID INJU	INV OCCUPS	
S OF INJURY	While At Not While		INT OCCUR:	
(APPROX.)	Work Al Work			
22. I certify that (I) (this haspital) attend	ed the deceased from	e6.25 1º	968 to Ma	ich 2 1968
that (1) (we) last saw the deceased alive	on March 2	19 6.8 and the	t In(my) (our) apini	ian death accurred an the dat
and haur and from the causes stated abov	re. (I) (me) (ala) (ala nat) v	lew the bady after death.	-	23 B. DATE SIGNED
23A. SIGNATURE	Al Alte	nding Med. S		3-2-68
Dayant leranals		nding Med. Director	Shaff Phys.	2-5-68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	NI D	
DALA I. I RIALA		4 4		0.0
BAYANI L. MANAL	0	Mera HOSAS	Xal, De	Po. Hd: 21202
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE		CATION (City	16. Ad: 2120 2 10 town, or county) (Stote)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY (240. LO	CATION (City	16. Hd: 2120 2 1. town, or county) (Stote)
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) 3/3/68		matory (246. Lo	CATION (City	ADDRESS
24A. BURIAL CREMATION, REMOVAL (Specify) Removal 3/3/68	Brookville of em	nsylvania		ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) 3/3/68 25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	Brookville of em	nsylvania	Las Do Cation (City	ADDRESS

T T/ T/2

+	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	prior to death. Such	de.
• ·	if death occu	rect or contri	(4) Undetermin	was in regu	the deceased	isposition is me
FUNERAL DIRECTOR: IMPORTANT	or his assistant	Also, if the di	re of any kind;	nounced death	attendance on	lmed or final di
DIRECTOR:	dical examiner	cal examiner.	ns; (3) A fractui	ician who pro	vas in regular	nains are embal
FUNERAL	y the chief med	ital by a medi	e; (2) Body bur	there the phys	No physician w	before the rem
•	be approved b	ed to the hosp	nt of any natur	pital (except w	eath); and (6)	ust be obtained
	This certificate must	the body was releas	shows: (1) An accide	was D.O.A. at a hos	deceased prior to de	written approval must be obtained before the remains are embalmed or final disposition is made.

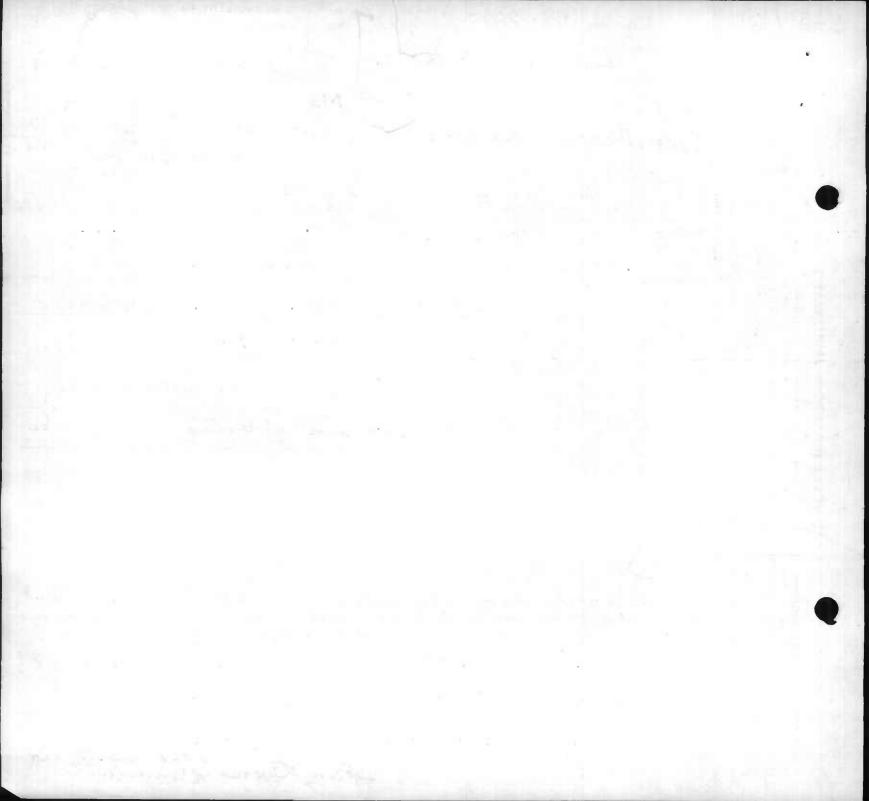
N820.4

BALTIMORE CI	TY HEALTH DEPARTMENT
68- 2634 CERTIFIC	ATE OF DEATH REG. NO. 68-2634
BIRTH NO.	2, DATE AND HOUR OF DEATH
(Type or Print)	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	15 ARCH 4 1908 10130 6, 14. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission
S. PLACE IN BALLIMORE MARIEAND, WHERE PRONOUNCED DEAD	A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Mr. BALT City 2/10
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARYLAND GENERAL HOSEY	BALTIGORIE YES NO
(Selection)	E. STREET AND NUMBER
10	2211 W ROBBRS AVE
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr If Under 24 Hr. Months Doys Hours Min.
F, WIDOWED DIVORCED	OZ-07-82 lost birthday) Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)	R. 33
	DACT, ICD,
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM, R, HIL BERG	LALY RAWLINGS
5. Was Deceased Ever in U. S. Armed Larces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	
100 PARO7 879	
18. 87 X I	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	LIZONIA 3 DAV.
(A) IMMEDIATE C	CAUSE 3 PAYS
(This does not mean the made of dying, DUETO, OR)	AS A CONSEQUENCE OF:
injury or complication which coused death, 1. 2	
ANTECEDENT CAUSES	Little 6 Drys
DISEASES OR CONDITIONS, if ony, giving (8)DUE TO, OR	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the	2
UNDERLYING CONDITION lost.	
_ E904x II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINATED TO THE TERMIN	BLEIDING - HIATUS HERNIA I DAY
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). →	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
12/24/67 15 L FB1347	
OR CONTRIBUTING TOTAL OF	g, in or obout 21C. WHERE DID ((If in Soltimare City, give exoct location), office bldg., INJURY OCCUR?
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) Hour) 21E. INJURY OCCURRED	2211 Roger AUF, 27-15
Q 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
W OF IN HIDY	Vhile 10
(APPROX.)	Vhile R Fell,
22. I certify that (I) (this hospital) attended the deceased fram	2 26 168 10 3 1968
that (I) (WE) lost saw the deceased alive an	19 6 and that in (my) (and apinion death occurred on the d
ond hour and from the couses stated above. (1) (We) (did) (did not	
23A. SIGNATURE	23 B. DATE SIGNED
	Attending Med. Staff 3 14/0
DEGREE DEGREE	Phys. Director Phys. D
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
	nr.
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	
REMOVAL (Specify)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS ADDRESS ACCORDANCE OF THE PROPERTY OF THE PRO
The Contract of the Contract o	Willy. Icones o naroth 2 pc
VS 150-REV. 1/1/68	



VS 150-REV. 1/1/6B

CO DOGE BALTIMORE CIT	Y HEALTH DEPARTMENT	68- 2635
68- 2635 CERTIFICA	ATE OF DEATH REG. NO	
1, NAME OF DECEASED LINEBERGER, MARY I	2. DATE AND HOUR OF DEATH 3-3-68	11:20 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased fived. If in A. STATE B. COUNTY	DE CITY LIMITS?
SINAI HOSPITAL ROOM 505A	E. STREET AND NUMBER	AK AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 5-31-92 9. AGE (In years lost birthdoy) 7.5	If Under 1 Yr. If Under 24 I Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worker Straw Hat Factory	11. BIRTHPLACE (State or foreign country) Balto. Md	U.S.A.
John A. Hofmann	14. MOTHER'S MAIDEN NAME Margaret Kreiner	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) RRR WA 757658	Mrs JohnA. Hofmann Jr. 38	ADDRESS 320 Byfield Rd #7
heort failure, osthenio, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	Congestive heart fail of a CONSEQUENCE OF: Intestinal obstruction	lure 1 day 2 weeks
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	re City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not WI Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on 3-3-		nion deoth occurred on the
23A, SIGNATURE Charles R Shult m.D. A.	thending Med. Staff Ahys. Staff	3-3-68
23C. PHYSICIAN'S NAME (Type) CHARLES R. SHULTZ, M.D. DEGRE	SINAI HOSPI	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY or C 3/6/68 Holy Redeemer	Belair Rd. Ba	ity, town, or county) (State
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1968 P.D. 6 2 3.0.44	Jering Dijers Man	adultation



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(5) Deceased dance on the death. Such of death

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(4) Undetermined cause;

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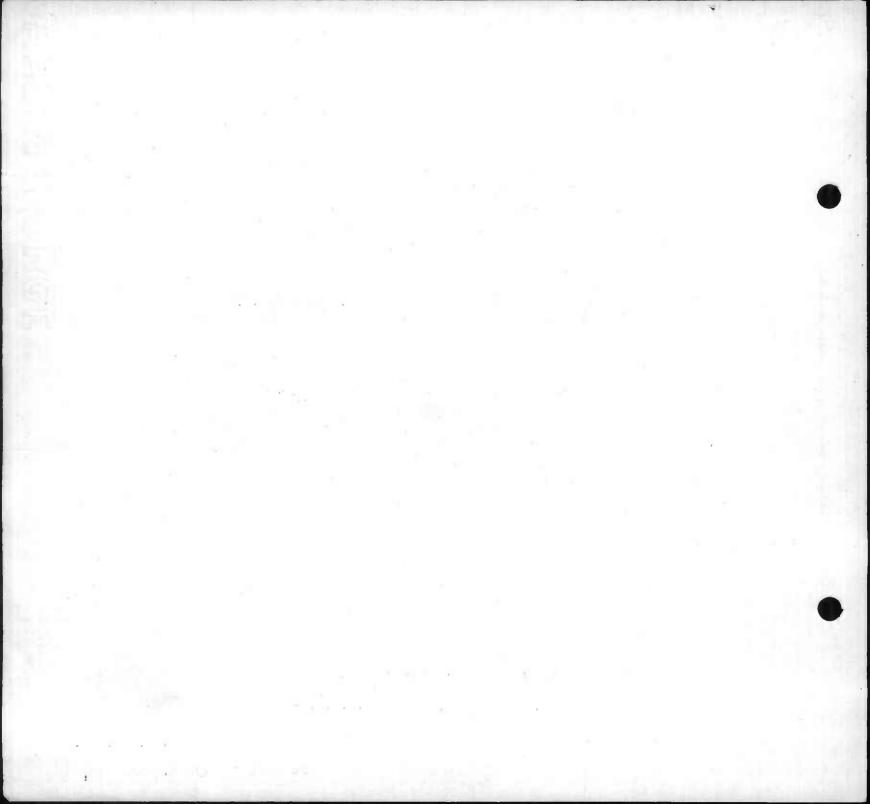
contributing

BALTIMORE CITY HEALTH DEPARTMENT 68-2636 REG. NO. FICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Margaret E. Whipp (Type or Print) /68 Margaret Whipp 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence belove admission)
A. STATE
B. COUNTY Maryland Baltimore HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS YES T Baltimore -Dundalk NO K E. STREET AND NUMBER 8057 Park Haven Road SOUTH BALTIMORE GENERAL HOSPITAL disposition is made. 5. SEX 6. RACE 9. AGE (In years If Under 24 Hrs. B. DATE OF BIRTH If Under 1 Yr. MARRIED NEVER MARRIED Months Doys lost birthdoy Female White 12/10/95 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Gephardt Katherine Hamer 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMA(Husband) 6. SOCIAL Dundalk, Md. 21222 final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No 214-16-5278 Mr. Amos D. Whipp, 8057 Park Haven Rd. CAUSE OF DEATH 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 8 مّ injury ar complication which caused death.) em ANTECEDENT CAUSES 10 DISEASES OR CONDITIONS, if any, giving O the above couse (A) stoting the UNDERLYING CONDITION lost. the remains 224 П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ü 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) OF INJUR obtained (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY While At (APPROX.) At Work and Work 2/27/68 22. I certify that (1) (this hospital) attended the deceased fram..... 3/5/68 that M) (we) lost saw the deceased alive on 3/5/68 ond that in (our) opinion death occurred on the date pe and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATORI 23 B. DATE SIGNED Attending Med. Staff 3/5/68 approval 23 C. PHYSICIAN'S prior 23D. ADDRESS NAME (Type Donald M. Wood, M.D. S.B.G.H. - 1213 Light Street 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION deceased (City, town, or county) REMOVAL (Specify) written 3/8/68 Burial Moreland Memorial Park Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John J. Duda, 7922 Wise Ave. Dundalk.

VS 150-REV, 1/1/68

1 -	-	214
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	hosp se c (5)	deal
	cau use;	tend to
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	ccurr	sed
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RTA	ssiste the kin	dec
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FUNERAL DIRECTOR: IMPORTANT	exar exam	wh are
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	D.O.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

00	000	BALTIMORE CITY	HEALTH DEPARTMENT		0.0
08	- 263	CEDTIEICA	TE OF DEATH	REG. NO	68- 2637
BIRTH NO.		CERTIFICA	IE OF DEATE	1	
1. NAME OF DECEASED (Type or Print) Ruth Vo	wCulin		2. DATE 3/5/	AND HOUR OF DEAT	1 12:30 а. м
3. PLACE IN BALTIMORE, MARYLAND, W		INCED DEAD			institution: residence before odmission)
		JTION, GIVE STREET	A. STATE B. CO	DUNTY	ndst
HOSPITAL OR ADDRESS OR LOCA	ATION)	SHOW, GIVE STREET	C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
NSITION N			Baltimore		YES NO
43			E. STREET AND NUMBE	R	
SOUTH BALTIMORE GENER	RAL HOSP	ITAL	1335 Hull S	Street	
5. SEX 6. RACE		X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female White	WIDOWED	DIVORCED	8/10/1924	43	
IOA. USUAL OCCUPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)			70 1 1 1 - 1		77 61 6
Inspector	Dr	ugs	Kentucky		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN		
Harmon Workman			Katl	nerine Short	ridge
5. Was Deceased Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dote	es of service)	SECURITY NO.	Mrs. Richard	J. Good	205 Catalfa Ave.
18.4/2.0		CAUSE OF DEATH	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY		Λ 5.	0 4	
LEADING TO DEATH		(A) IMMEDIATE CAU	se do traconel	bral hemo	rehave recent
(This does not mean the made of			A CONSEQUENCE OF:	/ 4000	7
heart foilure, osthenio, etc. It meons injury ar complication which coused					9
ANTECEDENT CAUSES		1. 00 "	to in a auto	-: - O. +	411
		(B) DUE TOUR AS	A. CONSEQUENCE OF	assuran	grs,
DISEASES OR CONDITIONS, if		DUE TO KA	indicular	desease	0
UNDERLYING CONDITION last.	sioning inc	(c)			
443x II					
TO OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING	0.	1 0		10.16
TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL	Mapi	ration for	rumori	D Mark
U DISEASE OR CONDITION GIVEN IN PARTIES 194. DATE OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY WYes	No) 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
WAS PER	FORMED		NO	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	D (If in Boltin	nore City, give exoct location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)		ile At Not Whil			
	Wo				-1:140
22. I certify that 11() (this hospita			/2/68	19to	3/5/6819
that (X) (we) lost sow the decease	ed alive on	3/5/68	19on	d that in (MOX) (our)	opinian deoth occurred on the date
ond hour and from the couses sto					
23A. SIGNATURE			111 E- 111 / 111 - 111		23B, DATE SIGNED
1,9 00: 0 10	0 - 6	Atte	nding Med.	Staff Phys.	3/5/68
William J. YY	Jarek	M. DEGREE Phy		☐ Phys.	3/ 3/ 00
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		
William 3	J. Marek	, M.D. DEGREE	S.B.G.H 13	213 Light St:	reet
24A. BURIAL CREMATION, 24B. DATE		AME of CEMETERY OF CRI			(City, town, or county) (State)
REMOVAL (Specify)		Codem H477		Pro 01-7	A 0
Burial 3 9 68		Cedar Hill	loca Filtread	Brooklyn,	A. A. Co. Md.
25A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC		
MAR 7 1968 (1.000	3 FarberMA	Mc C	arra 130	E. Fort Ave.
	Name and Address of the Owner, where the Owner, which is the Own				

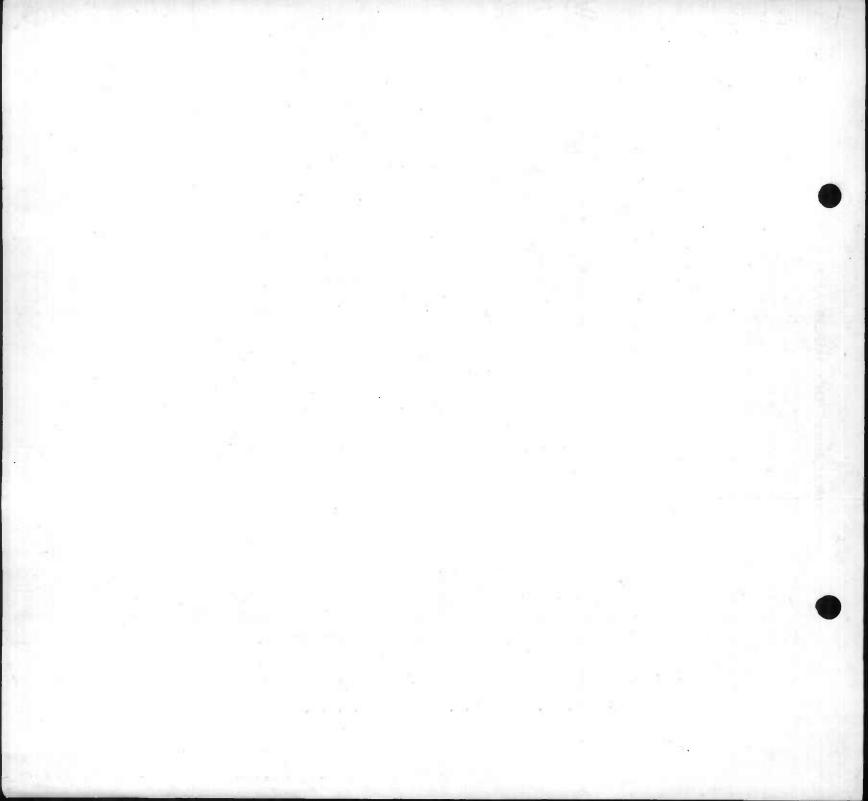


68-	2638

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO. 68- 2638

B	IRTH NO. CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECEASED	2, DATE ANI	D HOUR OF DEATH	
- 1	ype or Print) MACGACE to, KRANTZ	MACE	ch 4,1968	6:50 A:M.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If institution	
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			13-00
1	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR YOWN	D. INSIDE CIT	TIMITS?
	19	Baltimore	YES [NO
	10	BALTIMORE E. STREET AND NUMBER		
o .	South Baltimore General Hospital	6 East RA	rdall Stree	e t
S	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		der 1 Yr. If Under 24 Hrs.
Ē	WIDOWED DIVORCED	100 12 1003	ost birthdoy) Month	s Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12. C	ITIZEN OF WHAT COUNTRY?
disposition 1	one during most of working life, even if retired)			1-0
	Housewife At Home	MARYLAND		15A
5 '	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAM		
2	Wm. Sheckels	Eliza Ann	Lusby	
	5. Wos Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT	1	ADDRESS
()	No.	Marson + Kin	+	enim u
	18. / / -7. O CAUSE OF DEATH	H Turgater Mar	112	SAME APPROXIMATE INTERVAL
5	DISEASE OR CONDITION DIRECTLY	0 4 11	1	BETWEEN ONSET AND DEATH
8	LEADING TO DEATH (A) IMMEDIATE CAU	clentic Hyper	Muse Char-	7
E	(This does not mean the mode of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	exchan Descon	
0	heart failure, asthenio, etc. It means the disease, injury or complication which caused deeth.)	centro ano	mo.	7
ешрагшеа	ANTECEDENT CAUSES	1 do to)
e e	DISEASES OR CONDITIONS, if ony, giving	A CONSEQUENCE OF		
0	rise to the above couse (A) stoting the	mir Breeze	- I learn	2
before the remains	UNDERLYING CONDITION lost. (CY	you from	Much	
<u> </u>	443X II			
9	Title Tignificant conditions Contributing To the Death but not related to the terminal Disease or condition given in Part 1 (a).			
0	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	CONCIDERED
=	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., in	ZOA. AUTOFSI: tres of the	IN CERTIFYING CAUSES O	F DEATH?
9	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore City,	nive exact location)
6	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?	(ii iii bolilillore Chy,	give exoct locoligit;
0				
Didined	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX.) While At Not While At Work	e 🗌		
5	22. I certify that (1) (this haspital) attended the deceased from	2-25 1	968 to 3 -	4 1968
D	that (1) (we) lost sow the deceased alive on 3 - 4	19 68 ond the	ot in(my) (aur) opinion d	eoth occurred on the dote
Ď	and hour and from the causes stated above. (1) (We) (did) (did not) v		, , , , , ,	
T O E	23A. SIGNATURE	Tew The body differ deaths	23 B. D	ATE SIGNED
	Atte	nding Med.	Staff 7	-5-68
6	23C. PHYSICIAN'S	S. Director L	Phys.	0 - 6 0
6	NAME (Type)	23D. ADDRESS		
DAOJ ddb	Rolando V. Goco, M.D. DEGREE	S.B.G.H 1213	Light Street	
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LC		, or county) (State)
2	Burial 3-8-68 Cedar Hi	1/ 2.	conklyn 1.1	Co Md.
2	SA. DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	WHITH HIR	ADDRESS
3	MAR 7 1968 Plub E. Falkyna	M. C.	11/1 1.3	O E. FortAve
F	\$ 150-REV, 1/1/6B	1/4 00	1	VITAVE



was in regular attendance on the

death

was D.O.A. at a hospital (except where the physician who pronounced

		BALTIMORE CITY HEALTH DEPARTMENT	
00	0000		

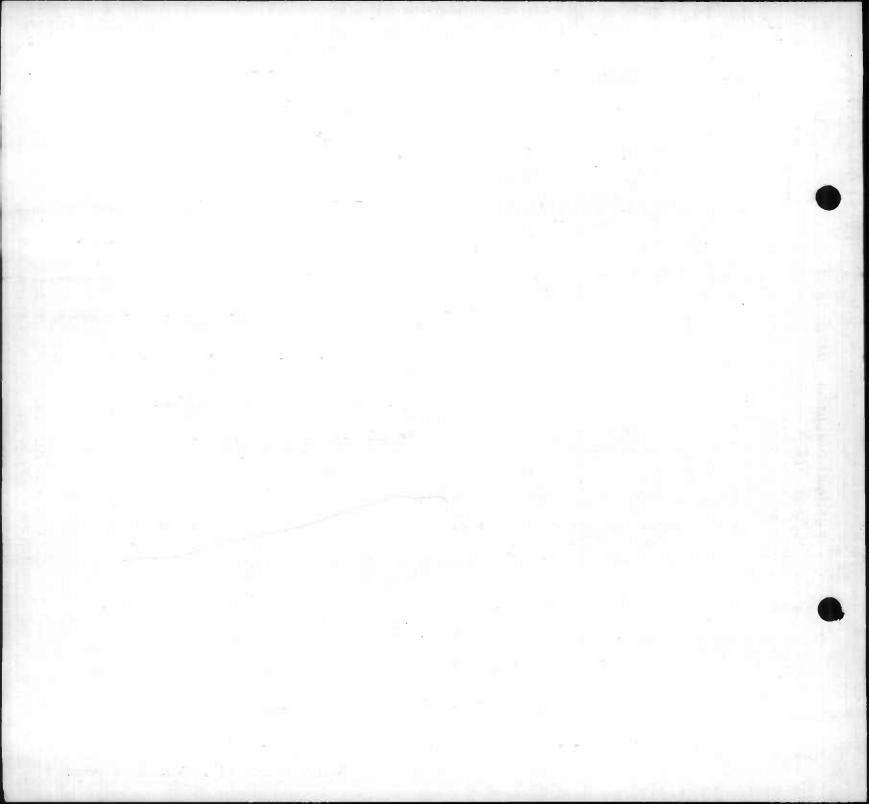
2- 2020 PEG NO 122000 - 20			DITE THE COLUMN TO THE COLUMN	
CERTIFICATE OF DEATH	3. NO. 122068 263	REG. NO	CERTIFICATE OF DEATH	3- 2639

(Type or Print)			2. DATE AND HOUR OF	DEATH
KELLY, MARY			3-1-68	8:10 P.
3. PLACE IN BALTIMORE MARYLAN	ND, WHERE PRONOUNCED DEAD	A. STATE	B. COUNTY	ved. If institution: residence before admissi
FULL NAME OF (IF NOT IN H	IOSPITAL OR INSTITUTION, GIVE	street Mary	rland	1/1/1/2
HOSPITAL OR ADDRESS OR	LOCATION)	C. CITY OR TO	OWN	D. INSIDE CITY LIMITS?
10			timore	YES NO
Bolton Hill Nursin	ng & Convalescent	Ctr. II	ND NUMBER	
		-	1802 Eulaw Plac	
5. SEX 6. RACE	7. MARRIED NEVER M.	ARRIED X	lost birthdoy)	
F White		ORCED 8-22-8]		la ciriati de muite colla
10A. USUAL OCCUPATION (Give kind done during most of working life, even if re		R INDUSTRY 11. BIRTHPLA	CE (State or toleign country)	12. CITIZEN OF WHAT COUN
unknown		Ma	ryland	U.S.A.
13. FATHER'S NAME			S MAIDEN NAME	
unknown		unkı	nown	
15. Was Deceased Ever in U. S. Arm	ed Forces? 16. SOCIAL	17. INFORMA		ADDRESS
(Yes, no or unknown) (If yes, give wor				7100 71
1001/1001	214-56	-4320 Bolto	on Hill Nsg. &	Conv. Ctr. 1400 John
184/2,4	CAUSI	OF DEATH		BETWEEN ONSET AND DE
DISEASES OR CONDITIONS sise to the above cause UNDERLYING CONDITION to	(A) stoting the	E TO, OR AS A CONSEQUE	lan syn	be years
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	D TO THE TERMINAL			
& DISEASE OR CONDITION GIVEN				
19A. DATE OF OPERATION 199	3. CONDITION FOR WHICH OPER AS PERFORMED		IN CERTIF	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
I disease or condition given	B. CONDITION FOR WHICH OPER AS PERFORMED 21B. PLACE OF 1	ATION 20 A. AUTO NJURY (e.g., in or obout 21 C ry, street, office bldg., INJ	WHERE DID (If	s, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH? In Boltimore City, give exact location)
DISEASE OR CONDITION GIVEN 194. DATE OF OPERATION 191 W/ 21A. ACCIDENT WAS UNDERL' OR CONTRIBUTING CAUSE C	P. CONDITION FOR WHICH OPER AS PERFORMED TING 21B, PLACE OF 1 home, lorm, foctors.	NJURY (e.g., in or about 21 Cory, street, office bldg., INJ	WHERE DID (If	n Boltimore City, give exact location)
DISEASE OR CONDITION GIVEN 19A. DATE OF OPERATION 191 W/ 21A. ACCIDENT WAS UNDERL' OR CONTRIBUTING CAUSE (DEATH (notify medical examine) 21D. TIME (Month) (Doy) OF INJURY (APPROX.)	CYCOON (Hour) (Yeor) (Hour)	NJURY (e.g., in or obout 21C rry, street, office bldg., INJ CURRED 21F. Not While At Work	. WHERE DID (If I	YING CAUSES OF DEATH? n Boltimore Cily, give exact location)
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Ple BE Falura MAR

Walter Dabrowski 1005 Dundalk Avebue

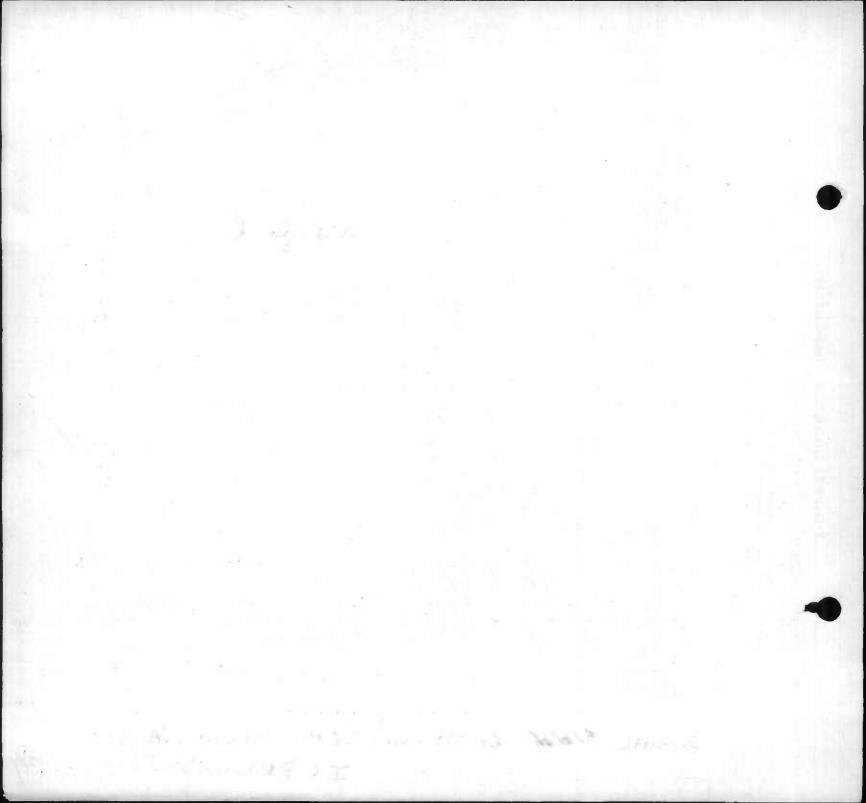
VS 150-REV. 1/1/6B



		REG. NO. 68- 2640 CERTIFICATE OF DEATH	
	sed the the uch	IRTH NG.	
	Sage	NAME OF DECEASED ROYAL, Eugene 2, DATE AND HOUR OF DEATH 2/27/68 1/035	7 D M
	Dec Dec	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before	admission)
	hospita ise of (5) Dec ance o death.	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALTIMORE CITY OF TOWN OF THE CONTROL OF T	1
П	se; end to	OSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?	1
	ng cau	E. STREET AND NUMBER	
	ar ar	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1f Under 1 Yı, 1f Under	idei 24 Hrs.
	trib min gul sed ma	MALE NEGRO WIDOWED DIVORCED 8-28-85 82 Months Days Hours	
	con con rec ced	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTRY
	or nde de itio		
	wa wa wa pos	3. FATHER'S NAME	
Z	dis	UNKNOWN 5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
4	ista he cinc dea ce ce ce	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
S	ass if t ny ny ed dan or fi	18. APPROXIMATE BETWEEN ONSET	
2 2	his so, so, or a process	DISEASE OR CONDITION DIRECTLY CCrebial Anopia	110 00111
	PA S D E	(This does not mean the made at dying, DUETO, OR AS A CONSEQUENCE OF:	73
X	ner. actu pro pro pro mbo	injuly ar complication which caused death.)	
5	A fr	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	-5
X	exe exe (3) / in v	rise to the above cause (A) stating the Stating the Stating the Station of the St	5.
5	dical ical 'ns; 'ns; sicio vas	E902. 0 II 5. 0 5	
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5	by by 2) B 2) B 2) B 4 6 + 1 phy ore	21A. ACCIDENT WAS UNDERLYING 2 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID	0/
П	he; ()	DEATH (notify medical examiner) etc.) France Wall 1204 M. C. There Ex April	43
	d b osp itur (6)	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FELL of 1	RZ
	ove e h nd rcep	(APPROX.) 7-26-68 2.20 A Work At Work At Work	10
	ppr an) (ex)	22. I certify that \$5 (this haspital) attended the deceased fram for 26 19 68 to Feb 27 that \$6 (we) last saw the deceased alive an Feb 27 19 68 and that in \$6 (aur) apinian death accurred a	19 60
	sed to sent of spital (eath);	and haur and fram the causes stated abave. (We) (did) (did not) view the bady after death.	in the gan
	eased to ident of nospital death) must be	23A. SIGNATURE 23B. DATE SIGNED /	-
	a history	23C. PHYSICIAN'S Attending Med. Stoff Phys. 2/27/6	8
	certificate moody was reless. (1) An acc D.O.A. at a lased prior to the approval	ARTHUR C. BURDETT THE JOHNS HOPKINS HOSPITA	AL.
	A.O.O.A.	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
	This certification of the body shows: (1) was D.O deceased written a	BURIAL 3-2-68 mt Colvary Com 1 rungel Co. mi	,
	the boc shows: was D. deceas	MAR 7 1968 Robert E. January 1 1968 Robert E.	2,
		S 160 BEN 1/1/68 A	4/

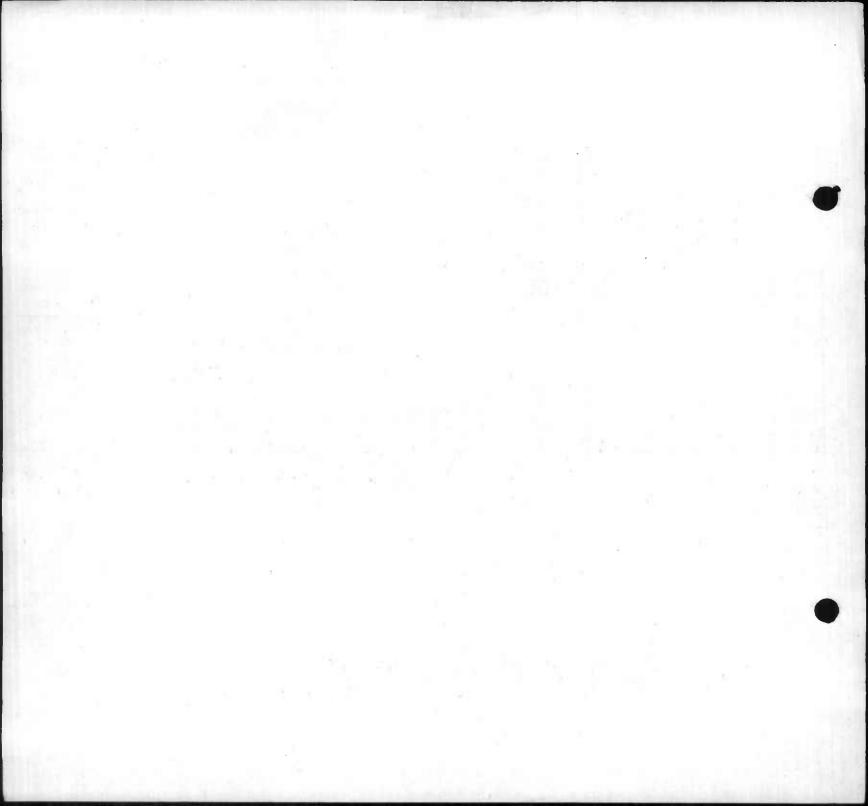
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	e or Print)	Bernice		(WEE PATT		1/68	1 8:3
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s. s		ALTIMORE GENE			8. DATE OF BIRTH	Hill Road	Turn 1 1 V
	Temale	Colored	WIDOWED	NEVER MARRIED DIVORCED	4/10/25	lost birthdoy)	Months Doys
10A	USUAL OCC				Y 11. BIRTHPLACE (Stote of		12. CITIZEN OF
13. [FATHER'S NA	ME			14. MOTHER'S MARGEN	NAME	
	John P	atterson			Bertha		
15. V (Yes	Nos Deceoses , no or unknows	d Ever in U. S. Armed For (If yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	DAVID E	BUTLER -	S/A ADDRE
	heart failure, injury or con	not meon the mode of asthenio, etc. It means implication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION last.	the disease, deoth.) any, giving	(B) DOE TO, OK A	SA CONSEQUENCE OF: SA CONSEQUENCE OF:	. duras	e e
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MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN OTHER SIGNIT OT THE DEADISEASE OR CONTRIB DEATH (notification of the Control of	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION last. II FICANT CONDITIONS CO THE BUT NOT RELATED TO TOONDITION GIVEN IN PART FOPERATION 19B. CONWAS PER CONDITION (Doy) (Year) (Month) (Doy) (Year) The third cause of the decessed of from the couses stoure. AN'S Type) CAMILO C. BALEMATION, 1248, DATE	any, giving stoling the stoling the terminal to the terminal termi	(B) DUE TO, OF A (C)	20A. AUTOPSY? (Yes YES) in or obout 21F. HOW DII 2/29/68 19 view the body ofter de lending Med. ys. 23D. ADDRESS EMATORY 24.00	Or No) 20B. IF YES, WE IN CERTIFYING DID (If in Bolti JR? (If in Bolti JR?) 19 to 10 to 10 thot in May (our) 19 to 1213 Light St 4D. LOCATION BACTO	TRE FINDINGS CONSILICAUSES OF DEATH? imore City, give exact to



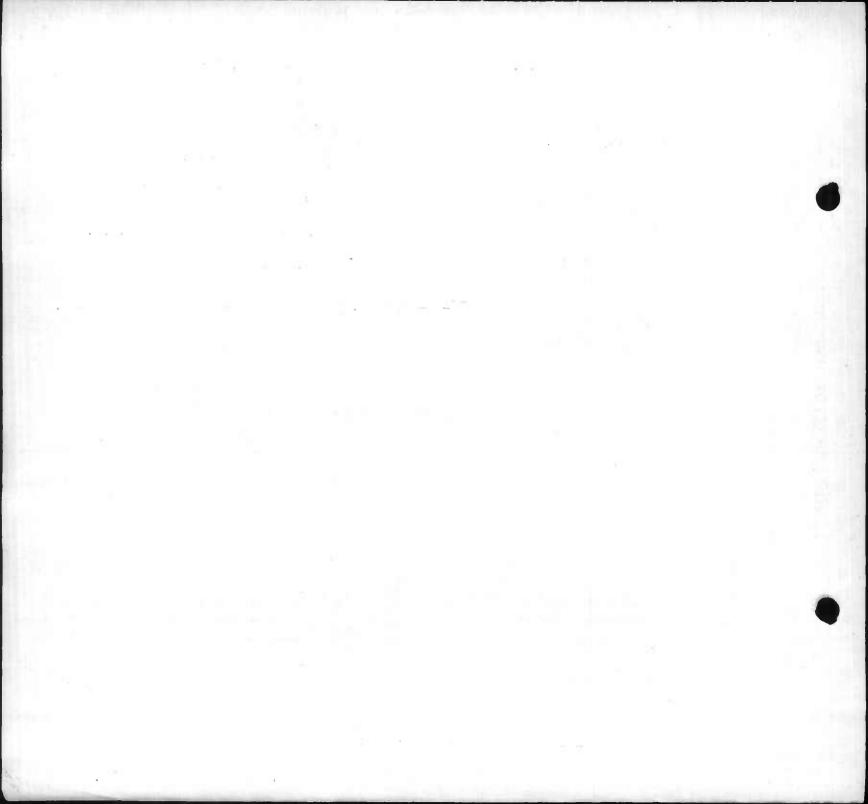
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMOR	E CITY HEALTH DEPARTMENT 68- 2642
3-250 68- 2642 CERTIF	
BIRTH INO.	
(Type or Print) CRAWFORD W. JAK	CKSON 2. DATE AND HOUR OF DEATH OKSON 2. DATE AND HOUR OF DEATH OKSON 3/5 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
71812 LAFAYETTE AVE	E. STREET AND NUMBER
	1812 LAFAYETTE AVE
S. SEX 6. RACE 7. MARRIED NEVER MARRIE WIDOWED DIVORCE	MAY 9;1910 57
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INE done during most of working life, even if retired)	VIRGINIA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREEMAN JACKSON	MARTHA DOLES
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or dates of service)	17. INFORMANT ALICE JACKSON YA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., head failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	Lobar Phenunnia BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	
(B)	OR AS A CONSEQUENCE OF:
(B)	OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	er tension with Liac Hypertrophy + Failure 2 YEars
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DISEASES OR CONDITIONS, if any, giving rise la lhe abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURR While At Work A	er fen S, or with 2 Years Lac free for No. 20A. Autopsy? (Yos or No.) 20B. If Yes, were findings considered in Certifying Causes of Death? Y (e.g., in or about 21C. Where DID in Certifying Causes of Death? Y (e.g., in or about 21C. Where DID in Certifying Causes of Death? 21F. How DID Injury OCCUR? 12
DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURR While At North A	er fen S, or with Jean 2 / Early 3 / Early 4 / Early 4 / Early 5 / Early 5 / Early 6 / Early 6 / Early 6 / Early 7 (e.g., in or about 21 C. WHERE DID (If in Boltimoro City, give exact locotion) treot, office bidg, INJURY OCCUR? ED 21 F. HOW DID INJURY OCCUR? OI While 1 Work 1 19 5 Laa 3 - 7 - 19 68, 19 6 4 and that in (my) Loan apinian death accurred an the date mot) view the bady after death.
DISEASES OR CONDITIONS, if any, giving rise la lhe abave cause (A) slaling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURR While At Work A 222. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) (We) (did) (did 23A. SJENATURE	ev feu S, Our Willer Jean Jean Jean Jean Jean Jean Jean Jean
DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURR While At North A	ev feu S, Our Willer Jean Jean Jean Jean Jean Jean Jean Jean
DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURR OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) (We) (did) (did 23A. SJONATURE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	er fen S, or we find 2 Years Lac free for S, or we find 2 Years N 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Y (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 21F. HOW DID INJURY OCCUR? OI While 1 Work 1 19.5 Laa 3 - 2 - 19.6 and that in (my) Loof) apinian death accurred an the date mot) view the bady after death. 23B. DATE SIGNED 3-4-68 Attending Med. Shaff Director Phys. 1 3-4-68 23D. ADDRESS 23D. ADDRESS 123D. ADDRESS 123D. ADDRESS
DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. DISEASE OR CONDITION GIVEN IN PART 1 [A]. OR CONTRIBUTING CAUSE OF WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Yoor) (Hour) 21E, INJURY OCCURR While At Work A 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) (We) (did) (did 23A. SIGNATURE 22A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) DISEASE OR CONDITIONS, if any, giving DUE TO, stating the UNDERLYING COURT WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY home, form, factory, so toc.) OF INJURY (APPROX.) 22B. PLACE OF INJURY home, form, factory, so toc.) OF INJURY (APPROX.) 21B. PLACE OF INJURY home, form, factory, so toc.) OF INJURY (APPROX.) 21B. PLACE OF INJURY home, form, factory, so toc.) OF INJURY (APPROX.) 21B. PLACE OF INJURY home, form, factory, so toc.) OF INJURY (APPROX.) 21B. PLACE OF INJURY home, form, factory, so toc.) OF INJURY (APPROX.) 21B. PLACE OF INJURY home, form, factory, so toc.)	er fen S, Or Wille 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Y (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? Y (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? Y (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? IN CERTIFYING CAUSES OF DEATH? (If in Boltimoro City, give exact locotion) The control of the country
DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURR OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated abave. (I) (We) (did) (did 23A. SJONATURE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	er fen S, or we find 2 Years Years Years (Yos or No) 20B. If Yes, Were FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Y (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? ED 21F. HOW DID INJURY OCCUR? OI While 1 Work 19 19 5 Laa 3 - 2 - 19 8 . — 19 6 and that in (my) Loaf apinian death accurred an the date mot) view the bady after death. Attending Med. Shaff Phys. 123D. ADDRESS OEGREE 23D. ADDRESS 123D. ADDRESS 123D. ADDRESS 123D. ADDRESS 123D. ADDRESS 123D. ADDRESS 125D. ADDRESS

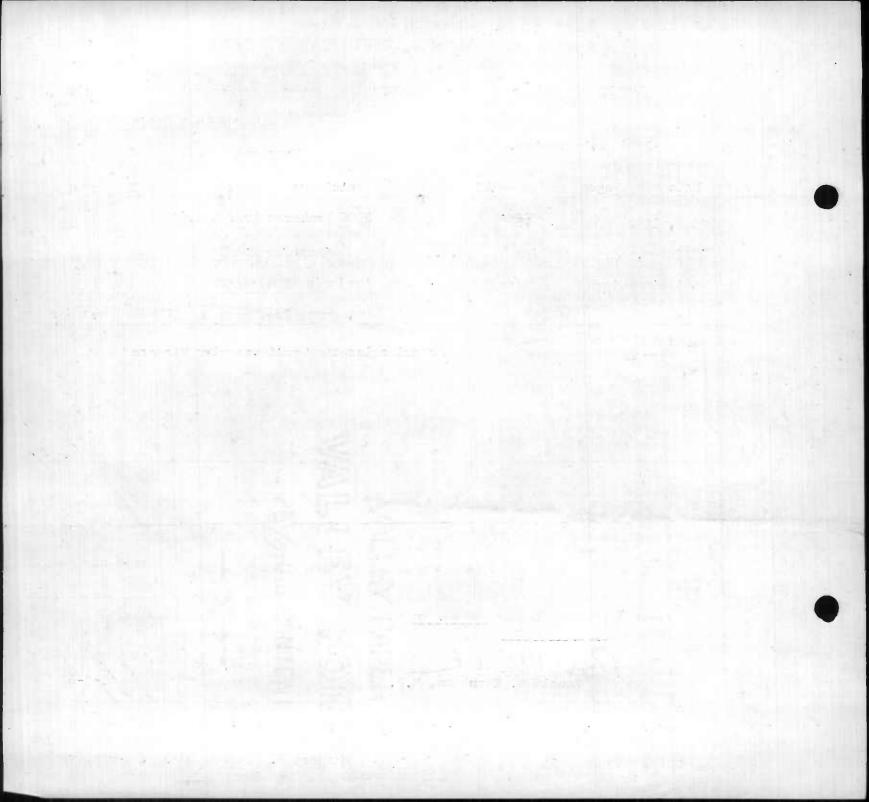


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

6	N-160 65	2- 26/		TE OF DEATH	REG. NO	68- 2643
1, N	TH NO. AME OF DECEASED MAYBELLE				OUR OF DEATH	1735 7
3. 1	PLACE IN BALTIMORE, MARYLAND, V			4. USUAL RESIDENCE (Where de	<u> </u>	ution: reservence before odmission)
				MARYLAND		n-1 /2
HO	LL NAME OF (IF NOT IN HOSPI SPITAL OR ADDRESS OR LOC TITUTION	ATION)	UTION, GIVE STREET	C. CITY OR TOWN BALTIMORE		CITY LIMITS!
2	2408 MONTE	BELLO T	ERRACE	E. STREET AND NUMBER 2408 MONTEBELLE		
5. S	EMALE COLORED	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH JUNE 17, 1909 9. A	GE (In years II bighdoy) M	f Under 1 Yr. If Under 24 Hrs.
don	USUAL OCCUPATION (Give kind of wo during most of working lile, even if retired) PHYSICIAN		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of BALTIMORE, MARY)		2. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME ROBERT LEE BUTLER			14. MOTHER'S MAIDEN NAME MARY J. BIBBS		
15.	Was Deceased Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	NO (If yes, give wor ar day	les of service)	216-52-9413	J. BAISEL WEAVER	- 1944 DRU	ID HILL AVE.
ATION	ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tost. H 20, 1 II OTHER SIGNIFICANT CONDITIONS C	ony, giving stating the	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
CERTIFICAT	19A. DATE OF OPERATION 19B. CO	RT 1 (A).	WHICH OPERATION		DB. IF YES, WERE FINITED CAUSE	
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B hom etc.	ne, form, factory, street, at	n or about 21 C. WHERE DID	(If In Baltimore C	ity, give exact location)
MEDIC	21D.TIME (Manth) (Day) (Year OF INJURY (APPROX.)		INJURY OCCURRED ille At Not While ork At Work	21F. HOW DID INJURY	OCCUR?	216
	22. I certify that (I) (this haspite that (I) (we) last saw the deceas		11.			n death accurred an the dat
	and hour and fram the causes stee 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	AM	Atte Phy	riew the bady after death.	23	March 7-65
244	BURIAL CREMATION, 248 DATE	24C, N	AME of CEMETERY OF CRI	EMATORY 24D. LOCA	TION (City,	town, or county) (State)
	BURIAL 3-8-68	AR:	BUTUS MEMORIAI	PARK BALT	IMORE, MARY	LAND
254	MAR 7 1968 Realth DEPT.		OF REGISTRAR	CHARLES R. LAW		ADDRESS
VS	150-REV. 1/1/68					

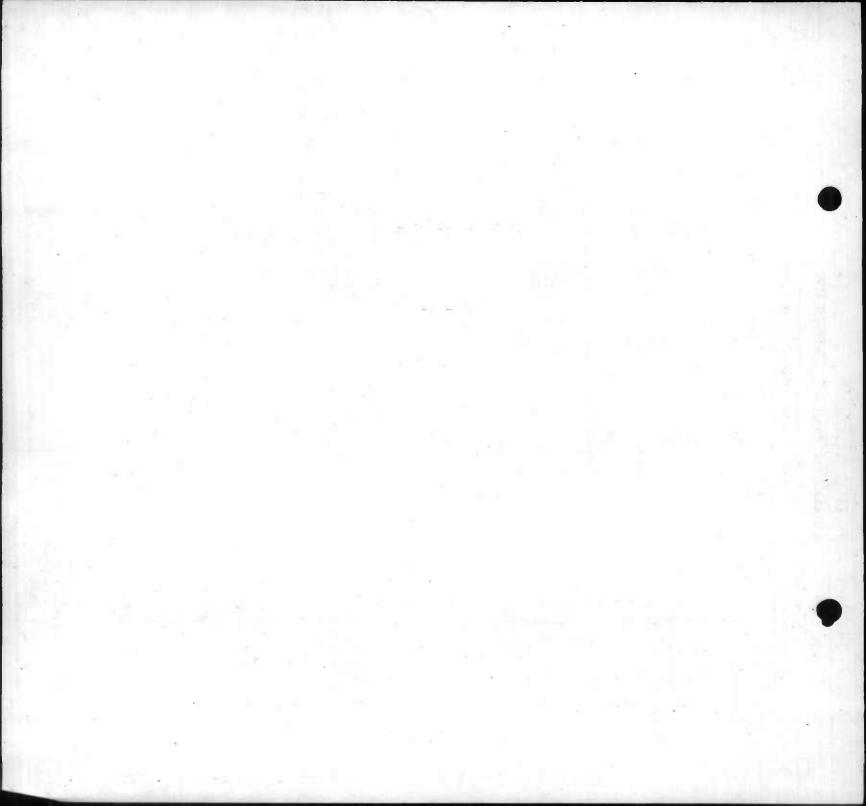


R-320 68-264			OF DEATH	68	3- 2644
BIRTH NO.	EXAMINER'S	LEKTIFICATE	OF DEATH	REG. NO	- A. A.
I. NAME OF DECEASED		2. DATE Known	Month	Day Ye	or Haur
(Type or Print) LUTHER Edgar	риоп	OF Estimote			4:30 A. M
4. PLACE IN BALTIMORE, MARYLAND, WHERE P		3. DATE	Month		ear Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INS		PRONOUNCED DE	March	3, 1968	4:30 A.A
3906 Penhurst Ave.	Apt #C	5. USUAL RESIDENCE A. STATE Ma		If institution: reside	ince before odmission)
6. SEX 7. RACE B. MAR	RIED NEVER MARRIED	C. CITY OR TOWN	D.	INSIDE CITY LIMI	ITS?
	WED XX DIVORCED	Baltimore		YES X	
9. DATE OF BIRTH 10. AGE (In years	If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUM	BER	AF2 FV	NO L
last birthday)	Manths Doys Hours Min.			110	
Oct 9, 1892 75	LO CITIZEN OF		st Ave. Apt	. 11-0	
11. BIRTHPÉACE (State ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME			
Clinton, North Carolina	U.S.A		der Rhodes		
14A. USUAL OCCUPATION (Give kind of work 14B. KINI dane during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDE	N NAME		
Shipping Clerk Way	verly Press	Marjorie Br	rewington		
16. WAS DECEASED EVER IN U.S. ARMED FORCE	S? 17. SOCIAL	IB. INFORMANT		ADDRESS	5
(Yes, na or unknown) (If yes, give war ar dates af service	SECURITY NO.	Mr. Henry 1	Lee R hodes	3906 Per	hurst Ave
119.	CAUSE OF DEA				APPROXIMATE INTERVAL
4/2071					BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	Arterio	sclerotic Car	diovascular	Disease	
LEADING TO DEATH	(A)IMMEDIATE	AUSE			
(This does not meon the made of dying, e.g., heart failure, osthenio, etc. It meons the disease, injury ar complication which caused death.)	DUE TO, OR	AS A CONSEQUENCE OF:			
ANTECEDENT CAUSES	(n)				
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF			
RISE TO THE ABOVE CAUSE (A) STATING THE					
Z STOLENT OF CONTROL FACILITY	(C)				1
OF THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL				V
DISEASE OR CONDITION GIVEN IN PART 1 (A)		AS DEDECIPATED		21 A	UTOPSY? (Yes or No)
	TOR WINCH OF EKAHON W.	AS FERFORMED			No No
Value 2224. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-UTING □ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., hame, form, foctary, street, affic	in ar about 22C. WHERE INJURY OC	E DID (If in Baltimare C CUR?	ity, give exoct locoti	on)
Z 22D. TIME (Month) (Doy) (Year) (Hou		22F. HOW D	DID INJURY OCCUR?		
(APPROX.)	m. WORK AT V	VORK L			
23.					
I certify that I held an Inquiry			_)n
resulted fram: Natural causes X	Accident Suicid			manner 🔲	
0	1 . 1	CHIEF MED	ICAL EXAMINER		DATE SIGNED
SIGNATURE Mac MC	mbl M.	ASSISTANT MED	ICAL EXAMINER		DATE SIGNED
EXAMINER'S Ronald N. NAME (Type)	Korhblum, M.D.	· ·	DICAL EXAMINER		3-3-68
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, tawn, or ca	iunty) (State)
REMOVAL (Specify) Burial 3/7/68	Mount Auburn	Cemetery	Baltimore		aryland
	NAME OF REGISTRAR	25C. FUNERAL D	DIRECTOR	ADDRES	S
MAR 7 1968 Roberts	E, farber, MM	Herbert	E. Nutter	3035 W. N	orth Ave



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death.); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1.1 1/25	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2645
W-700 68-21	345 CERTIFICA	TE OF DEATH	REG. NO	
BIRTH NO.			HOUR OF BEATH	
(Type or Print)	/	2. DATE AND	HOUR OF DEATH	. 1 1
W11300, JOH	n	3 -	d-68	9.00 H. M.
3. PLĂCE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	pr /	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CLIX-ON TOWN	-	IDE CITY LIMITS?
1) alleland h	unsing Keme	1501tim	ORE	YES NO NO
9	1 1 -1	E. STREET AND NUMBER	4 4	
10 1501 Dulle la	and St.	2420 WOO		Ave.
5. SEX 6. RACE 7. MARR WIDOV	NEVER MARRIED DIVORCED		ost birthdoy	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KINE		11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
dans during most of working life gues if settend)	le Caf e terias	Odenton Maryl		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		9 077
Charles Wilson		Mary Mason		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war or dates of servi	security No. 215-05-4803	Dulb 14nd 1	Yunsing	1561 11 20
	CAUSE OF DEAT	Hume		APPROXIMATE INTERVAL
18. 4 / 2 / 0	CAUSE OF DEAT	,	(BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ble south is	C-V. Ac	
(This does not mean the mode of dying,	(A)IMMEDIATE CAL	JSE <i>TYPUNUSUSUS</i> A CONSEDUENCE OF:	C-0,00	siasy
heart lailure, asthenia, etc. It means the dise		A CONSERVENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, gi	illig	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION lost.				
ONDERENING CONDITION 10SI.	(C)			
z 443 X II	10			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
A DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WILLICH ORGANION	20A. AUTOPSY? (Yes or No)	200 IE VEC WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	ZOA. AUTOPSTYTTES OF NOT	IN CERTIFYING CA	USES OF DEATH?
	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Baltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, form, foctory, street, o	Trice bidg., INJURY OCCUR?		
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	Inv Occiling	
OF INJURY	While At Not Whi		JRT OCCOR:	
(APPROX)	Work At Work			100
22. I certify that (I) (this haspital) attend	ed the deceased fram	8- 1	966 to 3.	-2- 1968
that (1) (we) last saw the deceased alive	and the same of th	1968 and the	t in (mu) (our) an	inlan death accurred an the date
			ii iii(iiiy) (aa) ap	man deam accorred an the date
and haur and fram the causes stated abav	e, (I) (We) (did) (d id no t)	view the bady after death.		
23A. SIGNATURE		/		238, DATE SIGNED
Terresina Vo this	Phy	ending Med.	Staff Phys.	3-4-68
23C.PHYSICIAN'S	DE GREE !!!	23D. ADDRESS		
NAME (Type)		1700 C	lla Damleren	
Dr. Percival C. Smith	DEGREE	1709 Gwynns Fa		
REMOVAL (Specily)	C. NAME of CEMETERY or CR			city, town, or county) (State)
Burial 3/6/68 A	rbutus Memorial	Park Bal	timore Co.	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	Farber MA	1	LL 000E W	
VS 150-REV. 1/1/6B		Herbert E. Nu	tter-3035 V	. NOTTH AVE.



VS 150-REV. 1/1/6B

15.	0010
77 M. W.	Jan Ale
68-	2646

BALTIMORE CITY HEALTH DEPARTMENT

	68-	2643
NO	00	20

BIRTH	NO 00 2046	CERTIFICA	TE OF DEATH	REG. NO	
1.NA	ME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Пуре	Phoebe	Ewing	3-3-6	8	
3. PLA	ACE IN BALTIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before admis
EULL	NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION GIVE STREET	Md.		,
HOSPI	TTAL OR ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	9. INS(0	E CITY LIMITS?
			Balto. E. STREET AND NUMBER	/)	YES NO
2.	3 Hopkins Hospi	tal-Balto.			
man bear		•	624 Baker St		
S. SEX		7. MARRIED NEVER MARRIED		AGE (In years st bighday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	0	WIDOWED DIVORCED	1-21-93	10	
	Usual Occupation (Give kind of wor luring most of working life, even if letired)	10B, KIND OF BUSINESS OR INDUSTRY		n country)	12, CITIZEN OF WHAT COUN
			Maryland		U.S.A.
3. FA	Thomas Sellm		14. MOTHER'S MAIDEN NAME	E	
	THOMAS -CTIM	^	Victo	oria	
5. Wo	os Deceosed Ever in U. S. Armed Fo	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	o of official transfer of the	578121304	Mr. Wm. H. Bro	orm 612 F	Baker St.
18	3.250.9	CAUSE OF DEAT	H	OMIT OID T	APPROXIMATE INTERV
	DISEASE OR CONDITION DE	RECTLY	10.1		BETWEEN ONSET AND D
	LEADING TO DEATH		MUNCAPAISI	Tulapetion	n 3 Hours
	This does not meen the mode of	dying, e.g., DUE TO, OR AS	USE MYOCARdiel	INTAKOT 10	o marco
	eort foilure, osthenio, etc. If meons njury or complication which coused	dooth)			
	ANTECEDENT CAUSES	Myors	exditis + Corona	py Vaccilar	Disence 2. una
0	DISEASES OR CONDITIONS, if	(B) DUE TO, OR A	A CONSEQUENCE OF:	KY THECOUR	year x year
ris	se lo lhe obove couse (A)	sloling fhe	etes Mellitu	c/compa	2.0000
U	INDERLYING CONDITION Iosi.	(c) V 12 D	E162 111611110	Jo Cocreme	- years
z	260 X 11	NITRIBUTING			
≓ T0	THER SIGNIFICANT CONDITIONS CO	HE TERMINAL	ooo.o		
	ISEASE OR CONDITION GIVEN IN PAI PA. DATE OF OPERATION 19B. CON	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
ERTIFIC	WAS PER	FORMED		IN CERTIFYING CAU	SES OF DEATH?
Ü 21	A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., home, farm, foctory, street,	in or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)
4 D	EATH (notify medical examiner)	etc.)	Since bidg., INJURI OCCUR:		
	D. TIME (Month) (Doy) (Yeoi)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
5	F INJURY APPROX.)	While At Not Whi	le 🗍		
		Work At Work		// 0	00
22	2. I certify that (1)(this haspita	l) attended the deceased fram		66 to 2-	
th	nat (U)(we) last saw the decease	ed alive an 2-27	19 6 8 and that	in (my) (aur) apini	ian death accurred on the
at	nd have and from the causes sta	ted abave. (I) (We) (did) (did not)	view the bady after death.		
23	BA. SIGNATURE	· / //n			238, DATE SIGNED
1	Tomul A. Ch	Mungo O. MI DEGREE Phy		taff hys.	3-4-68
23	BC. PHYSICIAN'S	J J J DEGREE	23D. ADDRESS	/	- 1/
4	SAMUEL R. Owing	S. JR., M.D.	909-11 N. CA	Rey St. D	Eltimore Md
24A. E	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR		CATION (City	, town, or county) (Sto
	REMOVAL (Specify)	35			0 1/
25A. F	Burial 3-7-68	Moses Cemetery [258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	e Arundel	Co., Maryland
	DATE REC'D BY HEALTH DEPT.	0 6 0 7 0 00		- TI	348 Calhoun

Kelson

Home 1348 Calhoun St.

Ayachediel Infaction

Myozaadoths o'Commery Moseum Tore

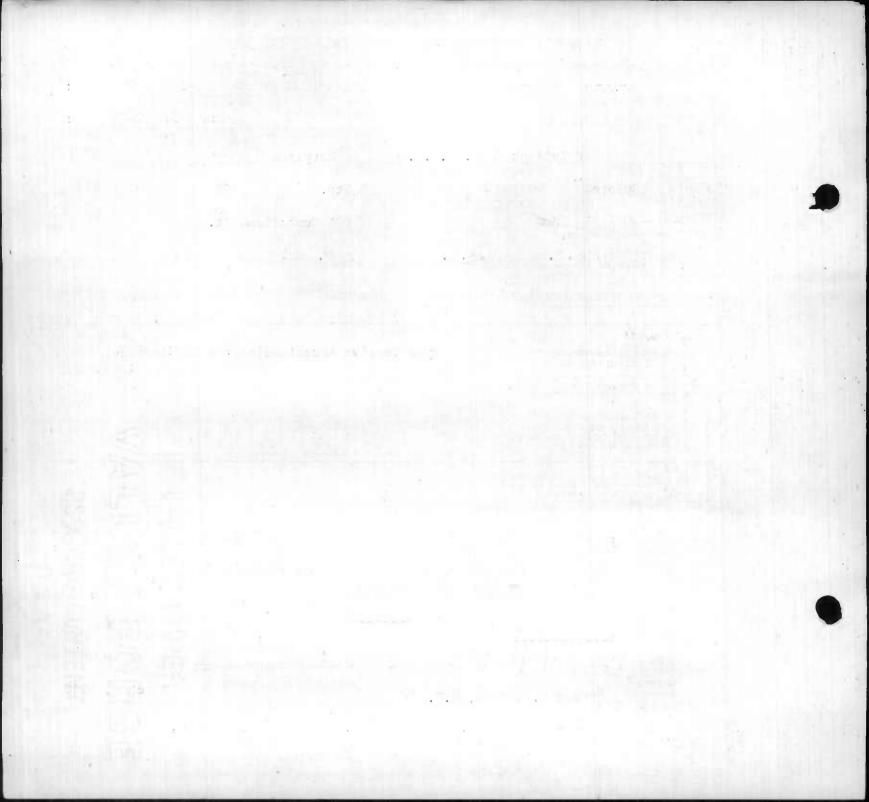
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429 11 K CHES T. E. S.

Stone R. P. Con ways Ja M. D.

	EALTH DEPARTMENT
68- 2647 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 2647
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Day Year Hour
(Type or Print) WILLIAM HAWKINS	OF DEATH Estimoted □ 3 5 68 4:20 p.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD March 5, 1968 4:20 p.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission) A. STATE B. COUNTY
Privident Hosp. D.O.A.	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Colored WIDOWED X DIVORCED	Balto. YES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
lost birthdoy) Manths Doys Hours Min.	
10-30-06 60 1 1	604 Cumberland St.
WHAT COUNTRY?	13. FATHER'S NAME
Washington, D.6. U.S.A.	Wm. Hawkins
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
done do ing most of working me, even memedy,	Bertha
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give wor ar dotes of service) SECURITY NO.	
no 218105461	Louise Walston 2545 W. North Avenue
19. 412.0 1 CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hypert	ensive Arteriosclerotic Cardiovascular
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., DUFTO OR	AS A CONSEQUENCE OF:
heort foilure, asthenio, etc. It means the disease, injury ar camplication which coused death.)	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
[5]	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
DATE OF OFERATION 200. CONDITION FOR WHICH OPERATION W	AS PERFORMED
	Yes
22A EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	, in ar about 22C. WHERE DID (If in Baltimare City, give exact location) ce bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E INTURY OCCURRED	te blug, etc.) INJOKT OCCOK!
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NO	T WHILE -
m. WORK AT	WORK U
23.	TM
I certify that I held on Inquiry Inspection . At	ond that on this basis, death In my opinion
resulted from: \Notural causes X Accident Suici	de Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL PLANTING	ASSISTANT MEDICAL EXAMINER XX
	D, POSISIANT MESTERS EXAMINED.
SIGNATURE	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER March 6, 1968
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	March 6, 1968
EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Cem. Baltimore, Paryland
EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, PARENCY (Specify) Burial 25A. DATE REC'D BY HEALTH DEPT. EXAMINER'S Edward F. Wilson, M.D. 24C. NAME of CEMETERY 24C. NAME of CEMETERY 25B. NAME OF REGISTRAR	or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Cem. Baltimore, Paryland
EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, PARENCY (Specify) 3-9-68 Mt. Auburn	or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Cem. Baltimore, Paryland



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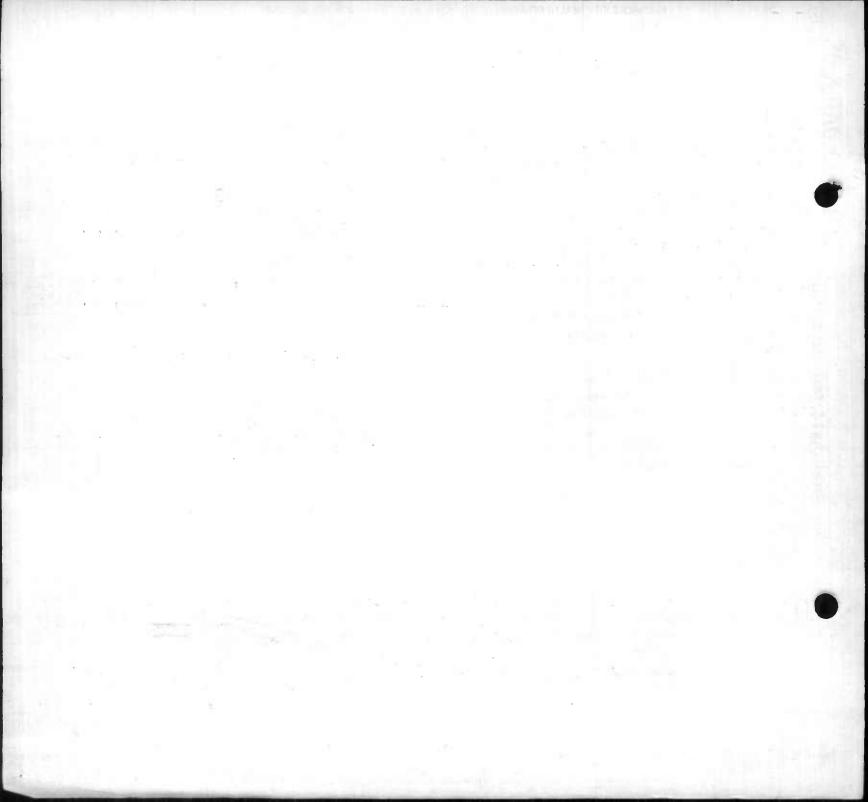
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BALTIMORE CITY HEALTH DEPARTMENT

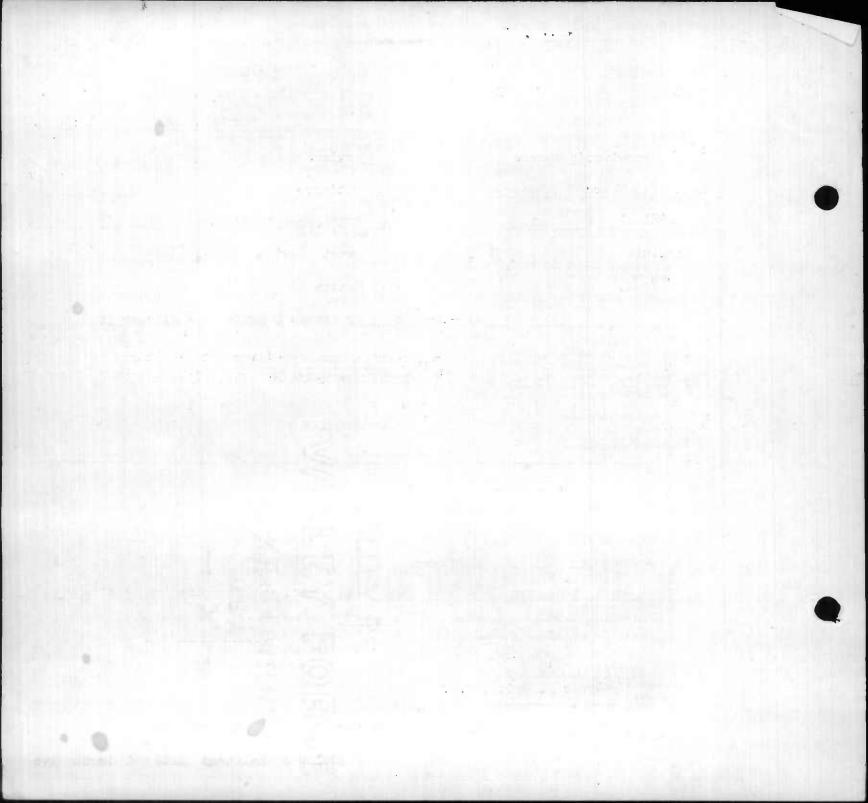
REG. NO. 68- 2648

BIRTH NO.	00 2040		CERTIFICA	TE OF D		REG. NO	
(Type or Print)	EDN EDN	A EVAN	SAALC		2. DATE AND	HOUR OF DEAT	
	LTIMORE, MARYLAND, W			4. USUAL RESI A. STATE MARYLA	B. COUNT	deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	BALTIMORE CI	TION)	TUTION, GIVE STREET	C. CITY OR TOV	٧N	D. y	ISIDE CITY LIMITS?
31	4940 EASTERN			BALTIM E. STREET AND	NUMBER		YES A NO
	BALTIMORE, M			2107 W		AVENUE -	
FEMALE	6. RACE NEGRO	WIDOWE	D NEVER MARRIED DIVORCED	1/28/1	1	s. AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B, KIND (OF BUSINESS OR INDUSTRY	VIRGINI		n country)	U.S.A.
3. FATHER'S NA		. GAIN	ES	LENA TH		I.E	
	d Ever in U. S. Armed Force (If yes, give wor or date:		16. SOCIAL SECURITY NO. 214-44-3004			,	ore City Mospitals
vise to the UNDERLYIN	OR CONDITIONS, if one obove couse (A) is condition last. II IFICANT CONDITIONS COINTH BUT NOT RELATED TO THE CONDITION BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	Stating III	(c) m	A CONSEQUENCE	leal S	nfact	in 142
	F OPERATION 198. CON	DITION FOR	WHICH OPERATION		SY? (Yes or No)		E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	2 he	1B. PLACE OF INJURY (e.g., in the comment of the co	n or obout 21C. W ffice bldg., INJUR	HERE DID Y OCCUR?	(If In Boltim	nore City, give exoct location)
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	V	Vhile At Not While At Work	• 🗀	OW DID INJU	JRY OCCUR?	
tho (1) we	y tha (()(this hospital	d olive on	3/4			9 68 to ot I(my) (aur) o	3/5 19 68 pinion deoth occurred on the do
ond hour at		ed above	(I) Wa (did) (did not)	riew the body o	after deoth.		23B, DATE SIGNED
Qa- 23 C. PHYSICI	ANS E 1	nes	Phy PEGREE Phy	s. D	Pirector L	E CITY HOS	3/5/68 BPITALS
NAME	DAVID E. McE	ETH	DEGREE	4940 Eas			timore, Md. 21224
24A. BURIAL CR REMOVAL	(Specify)		NAME OF CEMETERY OF CR				(City, town, or county) (State)
4.5	3-8-6 D BY HEALTH DEPT.	_	alto. Nat'l.	Cem.	AL DIRECTOR	Baltimor	e, raryland Address
W/	AR 7 1968 P	0.8	E. FalkerMA	Kelson	Funer	al Home	1348 Calhoun St

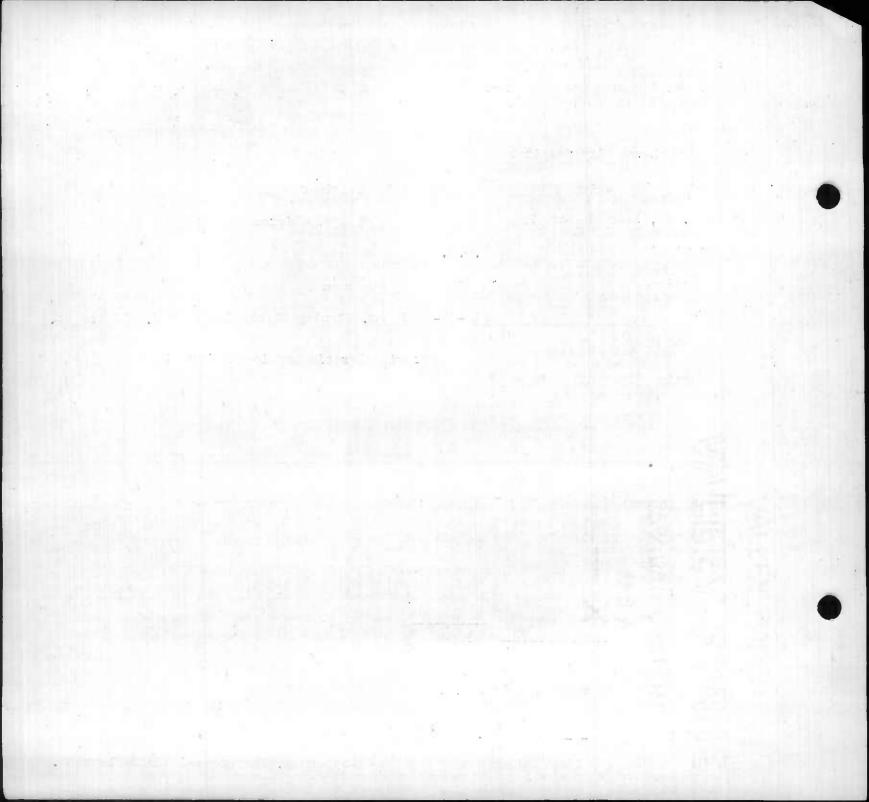
VS 150-REV. 1/1/68



2-120	68;-								
2 16 4	MED	ICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H PEG NO	68	2649
BIRTH NO.							KEG. 140.		
1. NAME OF DECE	ASED			2. DATE OF	Known 💢	Month	Doy	Yeor	Hour
GARLAND		DAVI		DEATH	Estimoted	March	4, 1968		10:50 P.
	MORE, MARYLAND, V			3. DATE	NICED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA	al or institution)	UTION, GIVE STREET	PRONOU	NCED DEAD	March	4, 1968		10:50 P
OR INSTITUTION	ADDRESS OR ESSA	11011			SIDENCE (When		ved. If institution:	residence b	pefore admission)
7 525 Dome	norelesando Are	0.00110		A. STATE	and.		B. COUNTY		11 1
	nsylvania Av 7.RACE			Maryl			D. INSIDE CIT	Y LIMITS?	16-17
			D NEVER MARRIED						
Male	Negro	WIDOWE		Balti			YES	X	NO L
9. DATE OF BIRTH	10. AGE (I	yeors K	Under 1 Yr. If Under 24 Hrs. Ion Ihs 1 Doys Hours Min.	E. STREET A	ND NUMBER				
1921	1031 01111100	43		1535	Pennsyl	vania A	venue		
11. BIRTHPLACE (Ste	ote or foreign country)	12	. CITIZEN OF	13. FATHER'S		VOILLE			
Virgini	1 2		UWHAT COUNTRY?	France	Dornin				
			OF BUSINESS OR INDUSTR	V 15. MOTHER		ME			
done during most of wo	rking life, even If retired)	KIND C	21 003H4E33 OK H4003 IK			THE			
				Matt:					
16. WAS DECEASE	D EVER IN U.S. ARMEI If yes, give wor or dotes	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	ANT		AD	DRESS	6
(,, 00), 110 0. 0111110 1111	,, , , , , , , , , , , , , , , , , , , ,		230-18-4626	Mr V	anton L	Davis	618 Pitc	her S	St.
19.7-00	X		CAUSE OF DEA				V=0 A=0	AP	PROXIMATE INTERVAL
10	011							BEIW	VEEN ONSET AND DEA
	OR CONDITION DIRE	CTLY	Pulmona	ary Edem	a Associa	ated Wi	th Fract	ures	
	t mean the made of dy	ing e.g	(A)IMMEDIATE	CAUSE	KXXXXX of	Dabo	Dilatore	773	
heort foilure, o	osthenia, etc. It means the	diseose,	MAUNINA	YAA A GOODAGA	WINGEVIN: OI	KIDS,	Dilatela	krrı	
injury or comp	olication which coused de	oin.)							
AN	TECEDENT CAUSES		(B)						
	R CONDITIONS, IF AN		DUE TO, OR	AS A CONSEQ	UENCE OF:				
UNDERLYING	ABOVE CAUSE (A) STA G CONDITION LAST.	IING IHE	(-)						
Z			(C)						
FE 983	II FICANT CONDITIONS C	ONTRIBUTION	10						
TO THE DEAT	TH BUT NOT RELATED TO	THE TERMIN							
	CONDITION GIVEN IN P								
20 A. DATE OF	OPERATION 208. CO	VIDITION FO	OR WHICH OPERATION W	AS PERFORMI	D			21. AUTO	PSY? (Yes or No)
									Yes
	AL CAUSE WAS	22	B. PLACE OF INJURY (e.g.	, in or obout 22	C. WHERE DID	(If in Boltimo	re City, give exoc	t location)	
UNDERLYING	OR CONTRIB-	no		ce blag., etc.) IIV	Unkne		00-	00	
≥ 22D. TIME (A		r) (Hour)	Unknown 22E.INJURY OCCURRED	22	F. HOW DID IN		UR?	-	
OF INJURY			WHILE AT NO	T WHILE				11-	
(APPROX.) Ma	arch 3, 1968	UNK m	. WORK AT	WORK X	Subj. wa	as assa	ulted ar	d bea	ten up
23.	6. Al - A 1 h - 1 t		Inches D		and shows	AL:!	Joseph 1	-1-1-1	
			Inspection A				deoth in my	5 1	
resulte	ed from: Notural cos	ses 📙	Accident Suici	de Ho	micide .	Undetermi	ned manner		
	1 .			C	HIEF MEDICAL	EXAMINER			DATE CLOSUED
ACTUAL	11/10010	. 7	2	ASSIS	TANT MEDICAL	EXAMINER	採		DATE SIGNED
SIGNATU		(()	M.	D.				2	3/5/68
EXAMINE NAME (Ty		. Spit	Z, M.D.	ASSO	CIATE MEDICAL	EXAMINER			75700
24A. BURIAL CREM		V	24C. NAME of CEMETERY	OF CREMATO	RY 124D	LOCATION	(City, town,	or county) (Stote)
REMOVAL (Specify								or county	(31016)
Buri	2] 3/9	168	Mt Auburn	Cemetry		Baltimo	re Md		0 4
25A. DATE REC'D B		25B. NA	ME OF REGISTRAR	25C. F	UNERAL DIREC	TOR	AI	DRESS	
MADT	1968 R.P.	20	Farberma	Ad	olphus !	Halster	d 1206	WN	Worth Ave
mAn (1300 066	an c.	Agricon, -					***	77
VS 151-REV. 1/1/6B	N807	0							

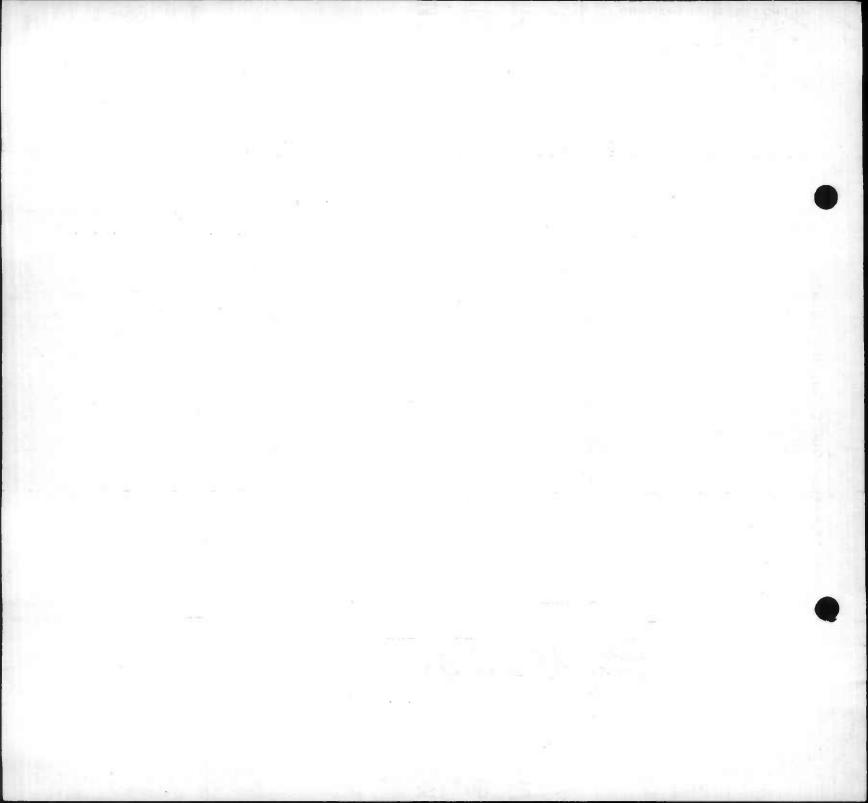


13.422	68-2650 BALTIMORE CITY HEALTH DEPARTMENT	- 2650
B. 42	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2000
	1. NAME OF DECEASED 2. DATE Known Month Doy Yes	Hour
	(Type or Print) OF DEATH DEATH Estimated March 5, 1968	9:30 A. M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Ye	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD MArch 5, 1968	9:30 A. M.
	OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution; reside	
	Baltimore City Hospital A. STATE Maryland B. COUNTY	0-10
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMI	rs?
	male white WIDOWED A DIVORCED Baltimore YES X	NO 🗆
		140
	9. DATE OF BIRTH 10. AGE (In years lost birthdoy) Sept. 10, 1888 10. AGE (In years lost birthdoy) Months, Doys, Hours, Min. 239 S. Clinton Street	
	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	
	Maryland WHAI COUNTRY? Unknown	
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	
	Retired Humble Oil Unknown	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS	
	(Yes_no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
	No 215-07-1087 Mr. Stanley Blachowicz 239 S. Cl	APPROXIMATE INTERVAL
	4/0(.7)	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease	
	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES (B)	garmen mermende sjen pen skripe derigge den der men der mer der mer der pen skrivelikeliste ken mer der ver
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	Z UNDERLYING CONDITION LAST. (C)	~~~~~~~~
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. A	JTOPSY? (Yes or No)
		No
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or obout NJURY OCCUR? INJURY OCCUR?	on)
	≥ 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) M. WORK NOT WHILE AT NOT WHILE AT WORK	
	23.	
	I certify that I held on Inquiry Inspection 🖾 Autopsy and that on this basis, death in my opinio	n
	resulted from: Notural couses Accident Suicide Hamicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE AND THE STANDARD OF A STANDARD OF	3/5/68
	NAME (Type) Werner U. Spitz, M.D.	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or col	inty) (Stote)
	REMOVAL (Specify) Burial 3.0.1069 St. Stanislaus Cemetery Baltimore. Maryland	
	Burial 3_0_1968 St. Stanislaus Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RECENTAR LAUS 25C. FUNERAL DIRECTOR ADDRESS	
	as a market of the state of the	
	MAR 7 1908 Och E. Raymond L. Kaczorowski 2525	Fleet St.



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	of of De Ce ath	3
	hos use ; (5) dan de	3 F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-F-
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	ting d ca d ca d ca d ca d ca d ca d ca d ca	
	ribu nine gula ed	5.
	regreeds	5. dd
	or Inde s in de	1
	if d ect (4) U wa the spos	'
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	is any if any iced	
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	dical ical rns; sicia was	
	med med bu bu phy an	
	pproved by the chief medical examiner or his assistant if death occurred the hospital by a medical examiner. Also, if the direct or contributing any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined (except where the physician who pronounced death was in regular attendance on the deceased privately (6) No physician was in regular attendance on the deceased privately obtained before the remains are embalmed or final disposition is made.	
)	he c l by (2) E re l phy	
	by the re; whe No	
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	a hor	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	dy (E)	2
	s ce s books: s D.	2
	the sho wa	

	68	2031	TE OF DEATH	REG. NO	68- 2651
BIRTH NO).	CERTIFICA			
	OF DECEASED			D HOUR OF DEATH	
(Type or Pr	""" MARGARET	r E. THOMAS	MARCI	1 5,1968	5:20 P _M
3. PLACE	IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (When	e deceased lived. If inst	titution: residence before admission)
FULL NA/ HOSPITAL	ME OF (IF NOT IN HOSPIT, OR ADDRESS OR LOCA ON	AL OR INSTITUTION, GIVE STREET ATION)	MARYLAND c. CITY OR TOWN		E CITY LIMITS?
9	O 2095 Rockros		DINDALK E. STREET AND NUMBER 2988 York V		YES NO x
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
F.	. W	WIDOWED DIVORCED	Sept. 3,1880	87	
OA, USUA	L OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY
lone during	most of working life, even if retired)		South Wales	3. B.	U.S.A.
13. FATHE	R'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	Isaac Llewell	lyn	Elizabeth	n Rees	
5. Was D	eceosed Ever in U. S. Armed For		17. INFORMANT		ADDRESS
(Yes, no or u	unknown) (If yes, give wor or dote	218 07 1283A	Mrs Blodwei	n T. Weiss	932 North HIL Road 21218
18.//	1291	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
T	DISEASE OR CONDITION DI	RECTLY			
	LEADING TO DEATH		Arterioscle	rotic card	io- 15 yrs.
(This	does not mean the made of	dying, e.g., (A)IMMEDIATE CAL	A CONSEQUENCE OF: Vasc	7	
hearl	foilure, asthenia, etc. It means	the disease,	A CONSEQUENCE OF VASC	ular disea	se
injury	ar camplication which coused	death.)			
	ANTECEDENT CAUSES	(8)			-
DISEA	ASES OR CONDITIONS, if	any, giving DUE TO, OR AS	A CONSEQUENCE OF:		
	la the abave cause (A)				
UNDI	ERLYING CONDITION last.	(c)			
OTHER TO TH	R SIGNIFICANT CONDITIONS CO	HE TERMINAL			
	SE OR CONDITION GIVEN IN PAR ATE OF OPERATION 198, CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
S RTE	WAS PER	FORMED	NO	IN CERTIFYING CAU	SES OF DEATH?
U 21 A. A	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examiner)	21B.PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
21 D. T		(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF IN		While At Not Whi			
10116		Work At Work	- 0		
22. 1	certify that (I) (this hospital	i) dilended the deceased fram		192/ to Mar	ch 5, 1968
that ((I) (we) last saw the decease	ed alive an March 5,	19_68and th	at in (my) tour) apin	ian death accurred an the dat
		ted abave. (1) (We) (did) (did-net)	view the bady after death.		
23A. S	IGNATURE PA	0 ()			23B. DATE SIGNED
	treunt !	Phy Phy	ending Med. Director	Staff Phys.	March 7,1968
	HYSICIAN'S IAME (Type)	GEGREE!	23D. ADDRESS		
N	KANKKX L	loyd Saylor M.D.	3902 YORK R	OAD	
24A. BURI REM	AL CREMATION, 248. DATE OVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City	y, town, or county) (Stote)
Bur		8,1968 Parkwood	Cemetery B	altimore M	aryland
	E REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
	MAR 7 1968	258. NAME OF REGISTRAR	HENRY SAN	DER & SONS	INC.
(0.155.1	111111111111111111111111111111111111111	AND AND A	BALTIMORE	MARYLAND	4144
VS 150-RE	V. 1/1/6B		and the same of the same of the same of the same		

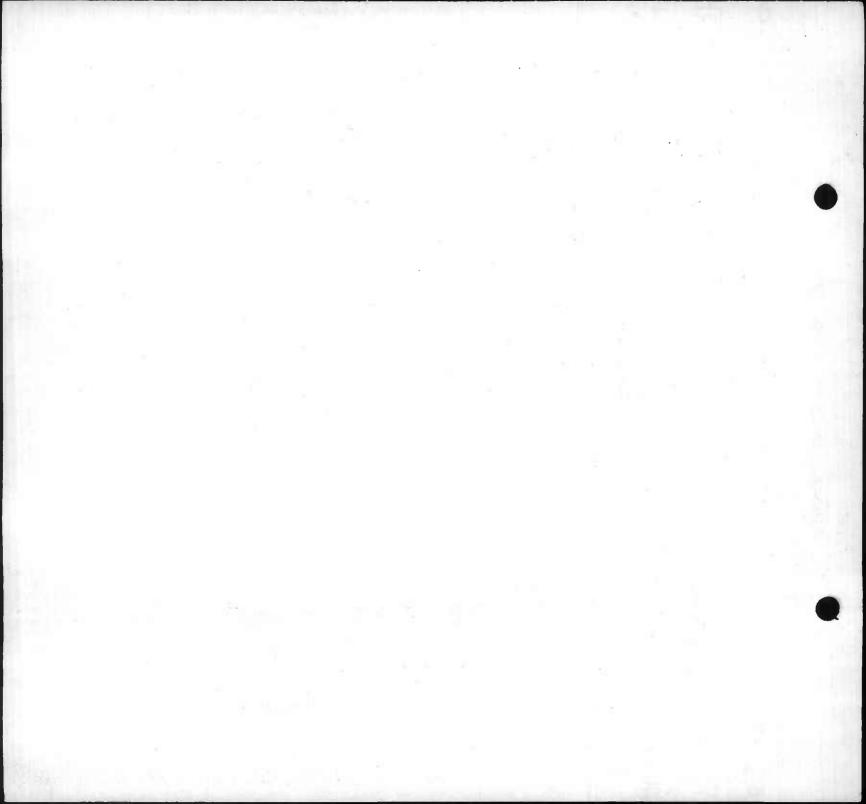


VS 150-REV. 1/1/68

					DEPARTMENT
8-	2652	CEDTIE	CA	TE O	E DEATH

REG. NO. 68- 2652

BIRT	H NO.	CERTIFICA	TE OF DEATH					
1. NA	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH							
(Туре	or Print DANIEL DON	1 BROWSKI	3-	6-68	1 2:00 A M.			
3. PI	ACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where		nstitution: residence before admission)			
FUL HOS	L NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYHANI	1	26-36			
IN ST			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?			
1	5720 ROBERTS A	VENLIE	E. STREET AND NUMBER		YES NO NO			
的/t	140 HOBERIS H	VL IVUL	1720 K	OBENTS	AVENUE			
	V 1/ 0.455			0131=12 5				
5. SE	ALF WHITE WIDOW			ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 108, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
done	during most of working life, even if retired)	ETIRED	Palnain		115A			
13. F	ATHER'S NAME	- 1 / ICL {J	14. MOTHER'S MAIDEN NAM	(F	W. J. / (.			
	e V	00 2		7				
	- Dom	SKOWSKI						
15. W (Yes,	os Deceosed Ever in U.S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	+ A	67 20 APPOPRENTS AVE			
	NO -	213-07-207	RA HUREDT	- F 1/no	MRROWSKI			
-	1B. 7 . C. 1	CAUSE OF DEAT	H	_ NOV	APPROXIMATE INTERVAL			
	DISEASE OF CONDITION DIRECTLY		6 11 1	- OI	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) IMMEDIATE CAL	ICE CATHURO SOLO	may (. //	DE SYN			
	(This does not mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:					
	heart failure, asthenia, etc. It means the dise injury at complication which coused death.)	dse,	10/07	\ /				
	ANTECEDENT CAUSES		one Ponel	ins	Syr			
	DISEASES OR CONDITIONS, if any, gi	(B)	A CONSEQUENCE OF:					
	rise to the above cause (A) stating				10 10 10 11			
	UNDERLYING CONDITION last.	(C)	000000000000000000000000000000000000000					
-	260 X II							
O.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG NAI						
1	DISEASE OR CONDITION GIVEN IN PART 1 (A).		1704 Attemption 19 14 15	000 te was 1445-	SINDINGS CONSIDERS			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OK WHICH OPERATION	20A. AUTORSY? (Yes ar No)	IN CERTIFYING CA	FINDINGS CONSIDERED			
ERT		Total Brace of the service of	No	01.				
2	21 A. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID flice bldg., INJURY OCCUR?	(It In Boltima)	re City, give exact lacation)			
ш.	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	The state of the s			
	OF INJURY (A PPROX.)	While At Not While Work At Work						
				0 / 0	may Co			
22. I certify that (I) (this haspital) attended the deceased from 1960 to 1967.								
that (I) (we) last saw the deceased olive an 1967 and that In(my) (aur) apinion death occurred an the date								
ond haur ond from the causes stated above. (1) (We) (did) (did nat) view the bady after death.								
1	23A. SIGNATURE							
	The Med. Staff Director Phys. 3-6-6							
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	Λ				
	STEDHEN (MA	CKOUNDY	6714 HOLIBIR	N AVE				
244	BURIAL CREMATION, 24B, DATE 24	C. NAME of CEMETERY OF CR		CATION (C	City, town, or county) A (State)			
0	REMOVAL (Specify)	1 6						
1;	SURIAL 3-9-68	TOLY CROSS (EMETERY GE	FRMANH	ILL I'd WARYLAND			
25A.	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS)			
	BIMU I ISINI) UII I/	WILL SUCTAVED FOR	1 1 1 1 1 1 1 1		D. E. I. L. a. 16/			



BALTIMORE CITY HEALTH DEPARTMENT 68- 2653 CERTIFICATE OF DEATH contributing cause of death etermined cause; (5) Deceased uch hospital and BIRTH NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH 840 (Type or Print) 68 0 DERL 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE attendance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS 10 0 NO 1more prior E. STREET AND NUMBER occurred disposition is made. regular 9. AGE (In years 8. DATE OF SIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. S. SEX 7. MARRIED NEVER MARRIED deceased Hours tost birthdoy) WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) PNNESSEE 0 HINTER (4) Und Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the IOR death 5 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL SECURITY NO. or final attendance KNOWN any APPROXIMATE INTERVAL pronounced CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. II means the diseose, chief medical examiner gular examiner. injury ar camplication which coused deoth.) ANTECEDENT CAUSES CARCINOMA who DUE TO, OR AS A CONSEQUENCE OF 9 are DISEASES OR CONDITIONS, if ony, giving (3) rise to the obave couse (A) stoting the physician UNDERLYING CONDITION last. the remains MOS medical 11 162.1 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 20 A. AUTOPSY? (Yes or No) 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED 15 ALO before 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? the 3 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital MEDICAL ŝ DEATH (notify medical examiner) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except White At (APPROX.) Work At Work and to the any 22. I certify that (1) (this haspital) attended the deceased from 19 68 and that in (my) (aur) apinian death accurred an the date that (1) (we) last saw the deceased alive an be of hospital death) and haur and fram the causes stated abave. (1) (🐚) (did) (did nat) view the bady after death. must accident he body was release 23A. SIGNATURI must Attending | Med. Staff 9 Director approval 0 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS certificate prior to An D.O.A. GEGREE 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY deceased written shows: 25B. NAME OF CREMATICAL Mas ADDRESS 25A. DATE REC'D 8Y HEALTH DEPT. VS 150-REV. 1/1/68

Yadkony

CHEMITTER STATES SHEEMINGERT BRITE. MANDIANIE

Dr. Code Waske Inc. Ballo. 140 2120

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
FUNER	This certificate must be approved by the chief mathe body was released to the hospital by a meshows: (1) An accident of any nature; (2) Body bwas D.O.A. at a hospital (except where the phaceased prior to death); and (6) No physiciar written approval must be obtained before the	

1	1-42	6	00 0		HEALTH DEPARTMENT			3- 2654
1.1	NAME OF DEC			654 CERTIFICA VOELCKER	2. DA	te and hour of d farch 6, 196		1114
FL	PLACE IN BAL JLL NAME OF OSPITAL OR STITUTION	TIMORE, MARYLAND	WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE	(Where deceased live COUNTY	d. If institution: D. INSIDE CITY YES	1-01 NO -
S.	Male	6. RACE	7. MARRI WIDOW	ED NEVER MARRIED DIVORCED	April 16,188	9. AGE (In year tost birthdoy)	78 If Und	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
		working life, even if retire	work 108, KIND	of Business or Industry onal Brewery	11. BIRTHPLA CE (Stote		12. Ct1	USA
13.	FATHER'S NA		/oelcke	r	14. MOTHER'S MAIDE		se Fick	
		Ever in U. S. Armed (If yes, give wor or		16. SOCIAL SECURITY NO. 216-01-076)	17. INFORMANT Mr Carroll 1		Same	ADDRESS
NOL	DISEASES Crise to the	not mean the mode osthenia, etc. It me inplication which cause ANTECEDENT CAUSE CONDITIONS, e above cause (G CONDITION last.	ons the disected death.) SES if any, giv A) stating	ing DUE TO, OR AS (C)	SE MANGE OF: LIST AM A CONSEQUENCE OF: A CONSEQUENCE OF:			10 years
ERTIFICAT	DISEASE OR C	ONDITION GIVEN IN	PART 1 (A).	DR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDING	S CONSIDERED DEATH?
CAL CE	OR CONTRIBU	NT WAS UNDERLYIN UTING CAUSE OF medical examiner	_	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE I	OID (If in B	oltimore City, g	ive exoct locotion)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	eor) (Hour)	21E, INJURY OCCURRED While At Not While Work Not Work		D INJURY OCCUR?		
		thot (I) (this hosp last saw the dece		on 1800 24	1948 0	nd that in (my) (ou	r) opinion de	oth occurred on the date
	23A. SIGNATU 23C. PHYSICIA NAME (T	Milan /	and the	OEGREE Phy	nding Med.	Staff Phys.	23 B. D/	ATE SIGNED
24	A. BURIAL CRE REMOVAL (Burial	MATION, 24B. DATE Specify) 3/9/6		name of CEMETERY of CRI		Baltimore,	(City, town,	
25		BY HEALTH DEPT. 1968 P. Dee	25B. NAM	TO F REGISTRAR	2SC. FUNERAL DIR			ADDRESS

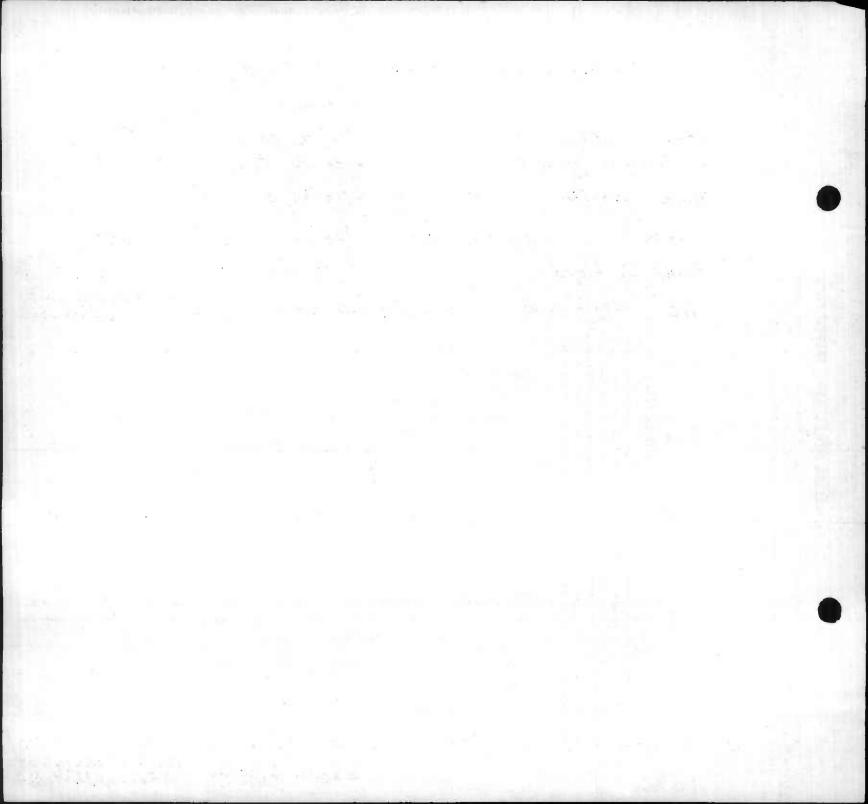
title in payor therein in the letter

Wage and a section of the contract of the cont

MARKET ALL OF SELECTION

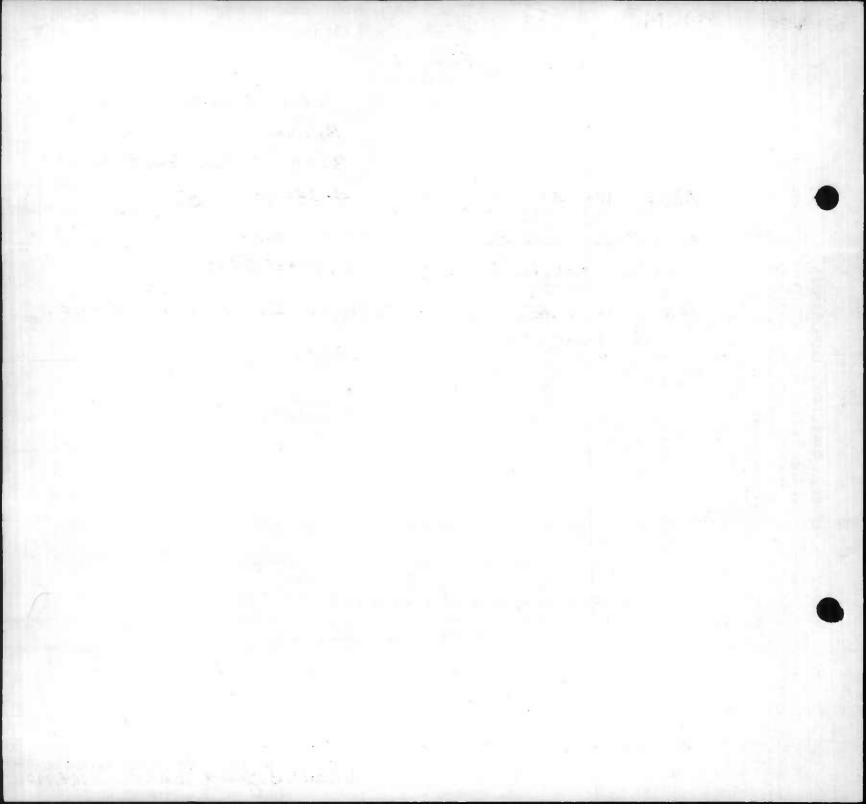
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1-300 BALTIMORE CITY HEALTH DEPARTMENT 68-2655							
68 26	55 CERTIFICA	TE OF DEATH	REG. NO	00. 5000			
I, NAME OF DECEASED	00 0=1(11110)		HOUR OF DEATH				
(Type or Print) Lester Lorra	ine bloyd	march	. 3, 1968	215pm. M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY		litution: residence before odmission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	mot yland	D. INSID	DE CITY LIMITS?			
2046 Fountain St.		Baltimore E. STREET AND NUMBER		YES NO NO			
Baltimore, md., 31		2040 Fountain	ST. #	= 2/231			
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED		AGE (In years of birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
Male White widow		19/14/1890	77				
tOA, USUAL OCCUPATION (Give kind of work 10 B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?			
	chant Marine	maine		U.S.A.			
13. FATHER'S NAME	4344 13414	14. MOTHER'S MAIDEN NAME					
Frank U. Weyd		Katherine	Petrie				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	3 *	ADDRESS			
No course o cours	218-109178	GEORGE E. R	CG-EPS Ad	119 BOSTON ST.			
18./ 8 9 7	CAUSE OF DEATI	1	OCZNO Z	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		N		, ,			
(This does not meon the mode of dying, e	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	+ Bladda	r 6 weeks			
heort foilure, osthenia, etc. It meons the diseo	se,	A CONSEQUENCE OF:					
	ANTECEDENT CAUSES						
	(8)						
	DISEASES OR CONDITIONS, if only, giving DUETO, OR AS se to the obove couse (A) stoling the						
UNDERLYING CONDITION last.	(c)		*********				
z 181,0 II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FI	NDINGS CONSIDERED			
E 0 2/1/68 WAS PERFORMED	C 21.10	1/ 1/	IN CERTIFYING CAU	SES OF DEATH?			
O 21 A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID		City, give exoct locotion			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?					
0	21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?				
OF INJURY	While At Not Whil	• 🗖	,				
(AFFROX)	Work At Work						
22. I certify that \$\mathbb{H}(\text{this hospital}) attende		/ / ~	68 to Mars				
that 俄 (we) lost sow the deceased alive a	n March 1	19 <u>68</u> ond that	in (Mg) (our) opini	ion deoth occurred on the date			
and hour and from the causes stated above	· An (We) (did) (did not) v	iew the body ofter deoth.					
23A. SIGNATURE Sent M. D. DECREE Attending Med. Director Phys. 3/3/6							
Henry S. (100	3/3/68						
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	4				
Henry S. Cri	st. M.D.	USPHS Hospita	1. Balti	more, md.			
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City	, town, or county) (Stote)			
BURIAL 3-7 -69	OAK LAW!	V CEM. 71.15	EASTERN	BLUD, BALTO. CO., MO.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAN	TE OF REGISTRAR	25C. EUNERAL DIRECTOR		S, CONPRESSING ST.			
WALL 1968 OFFTOS	, Vanoeura	Charles Six	riler R	ALTO LAILLY MD			
VS 150-REV. 1/1/6B		()		101)212			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1 1115	BALTIMORE CITY	HEALTH DEPARTMENT	6	8- 2656			
U	D-145 68-2	656 CERTIFICA	TE OF DEATH	REG. NO.	0 10000			
-	TH NO.	CENTITION		D HOUR OF DEATH				
	pe or Print) WiBLIN	, CEC/L, P.,	9AM	1. 3-5-68	M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	TY .	n: residence before odmission)			
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Beres I	Duce an Or.	Mary 14 med.			
IN:	STITUTION SINAL HOSPI	TA/	C. CITY OR TOWN	D. INSIDE CI				
1	1) 3/14/1 1903/1	IAL	E. STREET AND NUMBER	YES	NO S			
1			_	illon Street	+ #21224.			
5. 5	SEX 6. RACE 7. AAAD	RIED NEVER MARRIED	8. DATE OF BIRTH 9		nder 1 Yr. , If Under 24 Hrs.			
	A Alas me hadaaa me	WED DIVORCED	4-26-1911	56	ths Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY?			
-		CHT CO,	PARKERSBURG	E. W. VA	4.S.A.			
13.	FATHER'S NAME			7.00				
	JAMES BENTON		CARRE	ARSONS				
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	YES W.W. IF	236-01-4136	SHIRLEY Z, V	VIBLIN	SAME.			
	18. / 8 / 1	CAUSE OF DEATH	1		SETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11-40871	ca I lad of				
	(This does not mean the made of dying,	DUE TO, OR AS	SE Metaster	ca miano	**************************************			
	hearl failure, asthenia, etc. It means the disc injury or complication which caused death.)	ease,						
	ANTECEDENT CAUSES	ANTECEDENT CAUSES Coschiere asself -						
	DISEASES OR CONDITIONS, if ony, gi	iving (B)	A CONSEQUENCE OF:					
	rise to the above couse (A) stoting UNDERLYING CONDITION tost.	(C)						
	181.0	()		-				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI							
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IS VEC. WERE SINDIN	ICC CONCIDENCE			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20%. AUTOPSY? Tres of No.	208. IF YES, WERE FINDIN	OF DEATH?			
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg. INJURY OCCUR?	(If In Boltimore City,	give exoct location)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	•			
2	(APPROX.)	While At Not While At Work						
	22. I certify that (1) (this haspital) attend	led the deceased fram	1	9ta				
	that (I) (we) last saw the deceased alive	on	19and tha	t In (my) (aur) apinian (death accurred on the date			
	and haur and fram the causes stated above	ve. (I) (We) (did) (did nat) v	iew the bady after death.					
	23A. SIGNATURE	Δthe	nding Med. T		DATE SIGNED			
	/d	OEGREE Phys		Staff Phys.	3.6.68.			
	23C. PHYSICIAM'S NAME (Type)	HEED	23D. ADDRESS					
24/	OEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
	BURIAL 3-9-68	SACRED HEA	PRT CEM, 7401	GERMAN HIL	Ro. Ba.Ca. Man			
254	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	7 1 9015,0	ADDRESS ST			
	MAR 7 1968 Robert E.	Farber, MA	tcharles S. &	eller BALT	-C. 21114 MD.			
VS	150-REV. 1/1/6B				,			

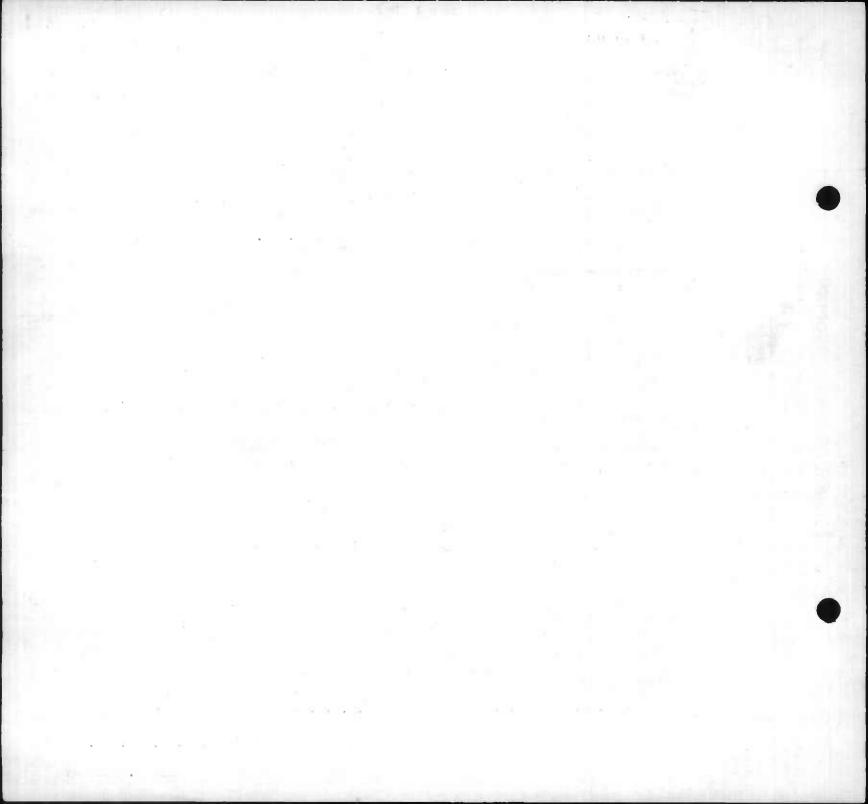


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W425 68- 26	BALTIMORE CIT	Y HEALTH DEPARTMENT	68 2657
00 20	CERTIFICA	ATE OF DEATH REG. NO.	203/
BIRTH NO.	921(11110)		
(Type of Print) CRAWLEY, L.	AURA WUNN	2. DATE AND HOUR OF DEAT	7
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	SIDE CITY LIMITS?
U. OF MARYLAND H	LOSP.	E. STREET AND NUMBER	YES NO
38		1009 EDMONDS	
6. RACE N 7. MARR WIDOV	IED NEVER MARRIED DIVORCED	12/17/29 9. AGE (In years lost bishday) 38	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State at foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Hone	Va LANS for Co.	V.5.
13. FATHER'S NAME		14. MOTHER'S MATDEN NAME	
FRANK EDMONDS		IOLA	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		Hr John Wilson 18	009 Edmondson Av
18. 571.0	CAUSE OF DEA	, -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		H A: 7	. 1
(This does not mean the made of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	2 03 16 18 3
heart failure, asthenia, etc. It means the diser injury or camplication which caused death.)		A CONSEQUENCE OF:	
ANTECEDENT CAUSES	(3)	last alsolation	7.
DISEASES OR CONDITIONS, if any, give	(B) OR A	S A CONSEQUENCE OF:	- Sylais
rise to the above cause (A) stating	The		0
	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FINANCIAL PROPERTY OF THE CONDITION FINANCIAL PROPERTY OF THE CONTRIBUTION OF T	OR WHICH OPERATION	20A. AUTOPSY (Yes) or No. 20B. IF YES, WER IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Baltin office bldg., INJURY OCCUR?	mare City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Wh		
22. I certify that (I) (this haspital) ettende	ed the deceased from	3/2 1968 to	3/4 1968
that (1) (we) last saw the deceased alive	9/1/		opinian death accurred on the date
and haur and fram the causes stated above	e. (I) (We) (did) (did not)		
23A. SIGNATURE			23B. DATE SIGNED
Willia show	Dh	hending Med. Staff ys. Director Phys.	3/4/68
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	11-00
	DEGRE	U. of MANYLAN	vo Hosp.
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME OF CEMETERY OF C		(City, town, or county) (Stote)
BURIA 3-8-68 1	41. Hubura	Cem. Batte.	Hd.
MAR 7 1968 C. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/6B	W 4, 404,	MORTON & Dyett +	TI I'VI LAURENS
TE 100 BETT 17 17 00			

and the second 14/1/49 38 or said the John Wiles - 100 1 Sales all The state of the s

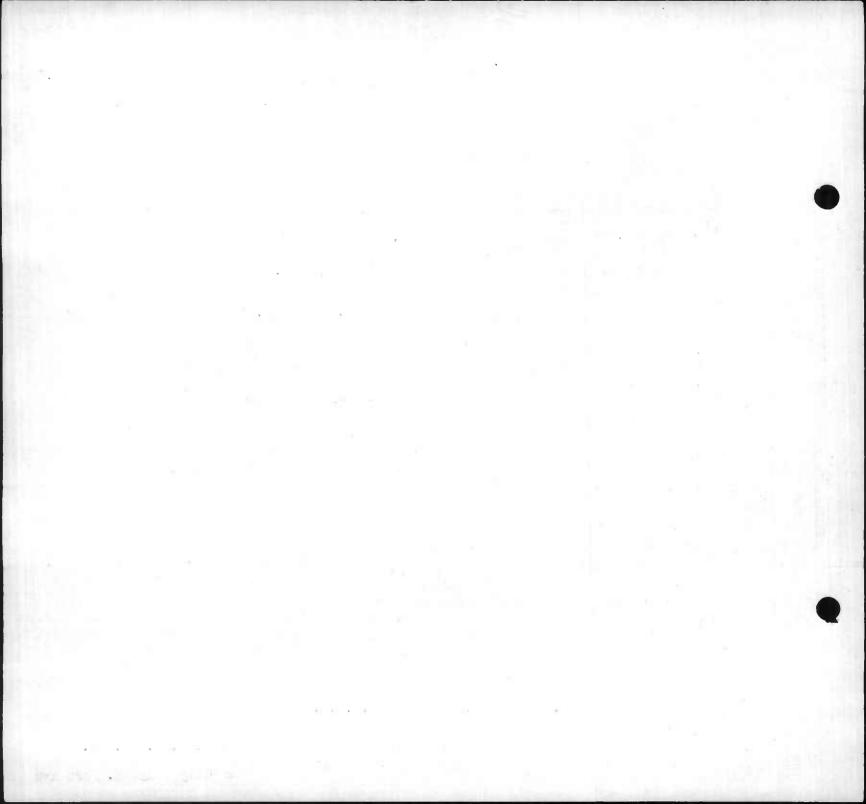
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH al and death cause; (5) Deceased aftendance on the Such I. NAME OF DECEA 2. DATE AND HOUR OF DEATH (Type or Print) 68 lauch 6 hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD of death. NCE (Where deceased Wved, If B. COUNTY 4. USUAL RESIDENCE A. STATE cause Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS 0 cause; 0 YES X NO Baltimore .= prior E. STREET AND NUMBER contributing occurred 1618 Patapsco Street Undetermined SOUTH BALTIMORE GENERAL made regular 9. AGE (In years 5. SEX Female B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED deceased Months Doys Hours lost birthdoy) 2/22/68 White White WIDOWED DIVORCED 2 wks. 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working tite, even if retired) None None Balto. Md. US Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct Unknown Catherine Jowanowitch assistant death LO kind: 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance Katherine Jawanowitch No Sme any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 18. 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE alemot fracture (This does not mean the mode of dying, e.g., AS A CONSEQUENCE OF heart foilure, osthenio, etc. Il means the disease, examiner gular ani injury or complication which caused death,) ANTECEDENT CAUSES who re are OR AS A CONSEQUENCE OF DUE TO DISEASES OR CONDITIONS, if ony, giving the above couse (A) stating the 3 physician UNDERLYING CONDITION last the remains chief medical (C) Was medical П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 0 WAS PERFORMED before 6 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? 21 AL ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTR
DEATH (no
DEATH (OR CONTRIBUTING CAUSE OF hospital °Z DEATH (notify medical examiner) etc.) any nature; by obtained (Month) (Doy) (Year) (Hour) 9 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While approved (except While At (APPROX.) and Work At Work to the 22. I certify that (X) (this hospital) attended the deceased from and that in (toy) (our) opinion death occurred on the date that (A) (we) last saw the deceased alive on be of hospital death) ond haur ond from the couses stoted obave. (1) (We) (did) (did not) view the body ofter deoth. was released must accident 23A. SIGNATURE 23B. DATE SIGNE Attending Staff Med. 0 Director L Phys. approval 0 23C. PHYSICIAN'S 23D. ADDRESS certificate prior at NAME (Type) An C. K. Bae, M.D. S.B.G.H. -DEGREE 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY (Stote) deceased the body 0.0 REMOVAL (Specify) written shows: Burial Holy Cross Brooklyn, A. A. Co. Md. Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Mc Cully 130 E. Fort Ave VS 150-REV. 1/1/6B



IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

1-400 68-		HEALTH DEPARTMENT		00 0050		
BIRTH NO. 68-	2659 CERTIFICA	TE OF DEATH	REG. NO	68- 2659		
1. NAME OF DECEASED			ND HOUR OF DEATH			
(Type or Print) Leroy Lilly		-1-1	/68	10:55 p. M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	RONO UN CED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If i NTY	nstitution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland		23-03		
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY AUMIS?		
43		Baltimore E. STREET AND NUMBER		YES X NO		
SOUTH BAITTMODE CENTERAL	UCCOTOAT		maat			
SOUTH BALTIMORE GENERAL 5. SEX 16. RACE 17. AAA	RRIED X NEVER MARRIED	1821 Light St	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
27 2 2000	OWED DIVORCED	8/7/12	lost birthdoy)	Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. KI		11. BIRTHPLACE (Stofe or for		12. CITIZEN OF WHAT COUNTRY?		
done during most of working life, even il retired)	D 31 0 M 1 0					
Disabled.Set up man	Bolt & Nut Co.	Pennsylvani		USA		
Charles Tilly	14 social	Lilly Colber	t	ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.	7. INFORMANT		ADDKE22		
No		Mrs. Geneva N.	Lilly	Same		
18.3 4 8 X	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(AND AMEDIATE CAL	15 Acute Pu	linousy &	dem		
(This does not meon the mode of dying	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	20000000			
heort foilure, osthenia, etc. It means the dinjury or complication which caused death.	seose,					
ANTECEDENT CAUSES	$M = T \cdot A \cdot$					
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:						
rise to the above couse (A) stolin	g the					
UNDERLYING CONDITION last.	(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITINIC					
TO THE DEATH BUT NOT RELATED TO THE TERM	AINAL					
O DISEASE OR CONDITION GIVEN IN PART 1 (A)	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 20B. IF YES, WERE	FINDINGS CONSIDERED		
WAS PERFORME	D	NO	IN CERTIFYING CA	AUSES OF DEATH?		
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimo	ere City, give exact location)		
DEATH (notify medical examiner)	etc.)					
21 D. TIME (Month) (Doy) (Year) (Hou	1) 21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
OF INJURY (APPROX.)	While At Not While Work At Work	е				
22 I markfur allow NEV (abin beggined) man			10 . 2/	7/69		
22. I certify that \$\mathbb{K}\$) (this haspital) atte						
that (10) (we) last saw the deceased alive an 3/5/68 19 and that in 160%) (aur) apinion death accurred an						
and have and from the causes stated ab	ave, (I) (We) (did) (did nat) v	iew the bady after death.				
23A. SIGNATURE	/	adian — Atad —	N-42	23 B. DATE SIGNED		
Lineald M. O	VOUD ALL DEGREE Phy	nding Med. Director	Staff Phys.	3/6/68		
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS				
Donald M. Wood	M.D.	S.B.G.H 1213	Light Stre	et		
	24C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, town, or county) (State)		
Burial 3 9 68	Holy Cros	s D	moolel A	1 Co 113		
	AME OF REGISTRAR	25C. FUNERAL DIRECTO	rooklyn, A.	A. CO. Md.		
1900 Alakano S	. Jankey Ma	2000	Mc Cully	130 E. Fort Ave		
VS 150-REV. 1/1/6B			mo outil	TO DO LOTO WAS		



SAB-45-22-13 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made.

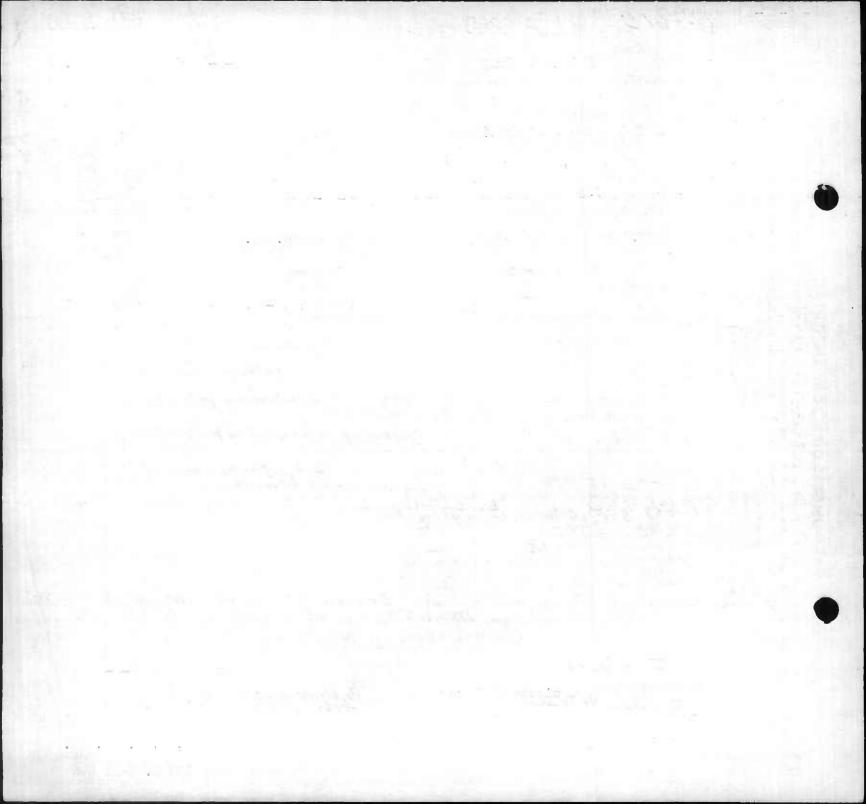
1	1 //	(1)	0.00	BALTIMORE CITY	HEALTH DEPARTMENT	V	60- 9000
(61	68	-266	CERTIFICA	TE OF DEATH	REG. NO	68- 2660
BIRTH				CERTIFICA			
	or Print)	Elizabe	th Grap	1	2, DATE	3-5-1968	12.05 P
3. PL	ACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A, STATE B. CO	UNTY	nstitution: residence before admission
FULL	NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Maryland	Ba	altimore 53-00
IN STI	PITAL OR TUTION				C. CITY OR TOWN		SIDE CITY LIMITS?
	7 1	Baltimore Cit; 4940 Eastern	y mospi Avenue	tals	Middle Ri		YES X NO
	31	Baltimore, Mar		21224	106 Kingsby		21
S. SE	(6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months; Doys Hours; Min.
F	emale	White	WIDOWED		10-28-1925	lost birthdoy)	Months Doys Hours With.
		UPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTE
done		working life, even if retired) ewife	Δ+ 1	Home	Dollto 1	1.3	USA
13. FA	THER'S NA		AU	HOME	Balto 1	IAME	
		Unknown Lo	ownan		Unknown		
15. W	os Deceases	Ever in U. S. Armed Ford	es?	16. SOCIAL	17. INFORMANT		ADDRESS
	no or unknowr NO	(If yes, give wor or dote:	s of service)	214 20 3749	Records: BCH-	4940 Easter	n Avenue 21224
ICAL CERTIFICATION	This does neort loilure, njury or con DISEASES ise to the UN DERLYIN DITHER SIGNION OF THE DEAL OF THE	FICANT CONDITIONS COI TH BUT NOT RELATED TO TH CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PERF FILE OF CONTROL OF THE CONTROL FILE OF CONTROL OF THE CO	dying, e.g., the disease, death.) any, giving stating the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR ORMED STATE HORE LEAD TO MARKED T	WHICH OPERATION edding inhaugus PLACE OF INJURY (e.g., ine, form, factory, street, or	A CONSEQUENCE OF: Purile so for forch on the solution of the s	thouthout lobection of the control lobection of the control lobection of the control of the cont	hs.
WE	D. TIME OF INJURY APPROX.)	(Month) (Doy) (Year)	- Wh		e 🗆	INJURY OCCUR?	-4 10
t	hat (I) (we and hour ar 3A. SIGNAT) lost saw the deceose nd fram the causes stot URE,	d olive an	I) (We) (did) (did not)	19 and	bh.	oinlon death occurred on the do
	+.	Velasco		OEGREE Phy	ending Med. S. Director	Staff Phys.	3-5-1968 -
2	NAME (co Ve	PEGREE	Bulhmore A940 EAS	City Hospital	BALTIMORE MD
24A.	BURIAL CR	EMATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 240	LOCATION (City, town, or county) (State)
	Burial	3 8 68		Glen Haven	0	len Burnie.	A. A. Co. Md.
		BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	2SC. FUNERAL DIRECT		ADDRESS

Mc Cully

130 E. Fort

MAR VS 150-REV. 1/1/6B 1968

ROBE Faluns



1	and self-	A TE OF DEATH REG. NO. 68-2661						
	BIRTH NO. COUL CERTIFICATE OF DEATH							
	Pe or Print PAYMON F. Loud	EN Sr. MARCH 6, 1968 225 A.M						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY						
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD 16-00						
IN	ANION MEMORIAL HOSP	C. CITY OR TOWN BALTIMORE VES ON NO						
1	BAUTO 21218	E. STREET AND NUMBER						
-	ery k each / la	Joe / ////// // // // // // // // // // //						
S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years Manths Doys Haurs Min.						
	USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUST							
90)	American Standard Ra	diathenknown Balto. USA						
13.	FATHER'S NAME CO.	14. MOTHER'S MAIDEN NAME						
	UNKNOW John A. Louden	UNKNOWN Anna H. Reilly						
(Ye	Was Deceased Ever in U. S. Armed Farces? s,nappunknown) Illiyyes, give wor or dotes of sayica 16. SOCIAL NENOWN NENOWN	PUTH J LOUDEN, DehtSAME						
	18. 410. 9 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE/OR CONDITION DIRECTLY LEADING TO DEATH	AUSE PHLMONARY EDEMA 3 ITRS						
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	AUSE S A CONSEQUENCE OF:						
	injust as complication which assend double	- may 2000 to 1500 1 3 405						
	ANTECEDENT CAUSES (8) DISTANCE OF CONDITIONS IS A CONDITION OF THE PROPERTY	LITE MYDEARDIAL INFARCTION 3 HAS						
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR . rise to the above couse (A) stating the UNDERLYING CONDITION last.	AS CUD YEARS						
_	420.1 11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
U	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 8. IF YES, WERE FINDINGS CONSIDERED						
ERTIF	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
CALC	OR CONTRIBUTING CALLES OF	office bldg., INJURY OCCUR? (If In Baltimore City, give exact location)						
MEDI	OF INJURY	21F. HOW DID INJURY OCCUR?						
<	(APPROX.) While At Not Wark At Wa	10 110						
	22. I certify that (1) (this haspitol) ottended the deceased fram MARC 1968 to 1960,							
	thor () (we) last sow the deceased alive on							
	23A SIGNATURE	23B. DATE SIGNED						
		Attending Med. Staff Phys. 3/6/68						
	28C. PHYSICIAN'S NAME Type	23D. ADDRESS						
	P DICKSON JONES							
-	A. BURIAL CREMATION, REMOVAL (Specify)							
	urial 3/8/68 Parkwood Cemet							
23	MAR 7 1968 P. Dr. & E. Farberta	Schimunek Funeral Home						
	1500 Ulbert 2, 1000 1 3331 Brehms Lane #13							

BRIDGE HORSE MAIN CANADA 3009 MATFIELD AVE Zers growel 62 86/448 TO GENERALIS (591T35) h welstate himblesials THERE WAS LOCALL STAR to introduction to AHON - SMORNING ACUTE MISSING INCARCOLL STM A3643 DICKERS JONES HOMERIAN MORE

VS 150-REV. 1/1/68

1	D-200 68- 2662 CERTIFICATE C	H DEPARTMENT REG. NO. 68- 2662				
death death ceased on the	I. NAME OF DECEASED (Type or Print) DICKS, JOHN L.	2. DATE AND HOUR OF DEATH MARCH 3, 1968 10:55A				
the Do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	TAL RESIDENCE (Where deceased lived, If institution: residence before admission) RYLAND 21228				
a ho cause se; (5 andar to d	CT ACMEC LICEDITAL	OR TOWN D. INSIDE CITY LIMITS? YES NO				
ting d cau d cau prior e.	CATON & WILKENS AVES.	E. STREET AND NUMBER 402 WESTSHIRE DR.				
tribu mine gula sed mad	MARKIED NINEVER MARKIED	5-13 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
or con ideter in re decea	to A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRT done during most of working life, even if retired) WEAVER	IMPLACE (State or foreign country) ITPLACE (State or foreign country)				
if derect of was the sposit		THER'S MAIDEN NAME				
ssistant the dir kind; death nce on final di	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	AGNES HOSPITAL -CATON & WILKENS ECORDS BALTO. MD. 21229				
al examiner or his as it examiner. Also, if ; (3) A fracture of any ian who pronounced in regular attenda ins are embalmed or	heart loilure, asthemia, etc. It means the disease, injury or complication which caused death.)	evD.				
medical medical burns; physicic an was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL PART 1 (A).					
chief y a p Body the hysici	WAS PERFORMED	AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Ut 21 C. WHERE DID (If in Boltimore City, give exoct location)				
by the pital b re; (2) where No pt d before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg	INJURY OCCUR?				
roved le hosp y natu kcept nd (6)	While At Work Not While	21F. HOW DID INJURY OCCUR?				
apper of an of an (e); a	22. I certify that (X) (this haspital) attended the deceased fram JANUARY 3.0 19 68 to MARCH 3. 1968, that (X) (we) last saw the deceased alive an MARCH 3. 1968 and that in (Xy) (aur) opinion death occurred on the date and haur and fram the couses stated above. (X) (We) (did) (XidXxX) view the body after death.					
must be eleased ccident a hospit to deat	23A. SIGNATURE Legando Julyto DEGREE Phys.	Med. Director Phys. A 23B. DATE SIGNED				
was re An ac A. at a prior	23C. PHYSICIAN'S NAME (Type) ALEJANDAO MEJIA. DEGREE St.	agues Hornital Balkimere				
ody s: (1) D.O.1 ased en a	24A. BURIAL CREMATION, REMOVAL (Specify) burial 3/6/68 Shenandoah Memoria	l Park Frederick Co. Virginia				
This c		FUNERAL DIRECTOR ADDRESS iginbothom Slack Funeral Home Ellicott Cit				

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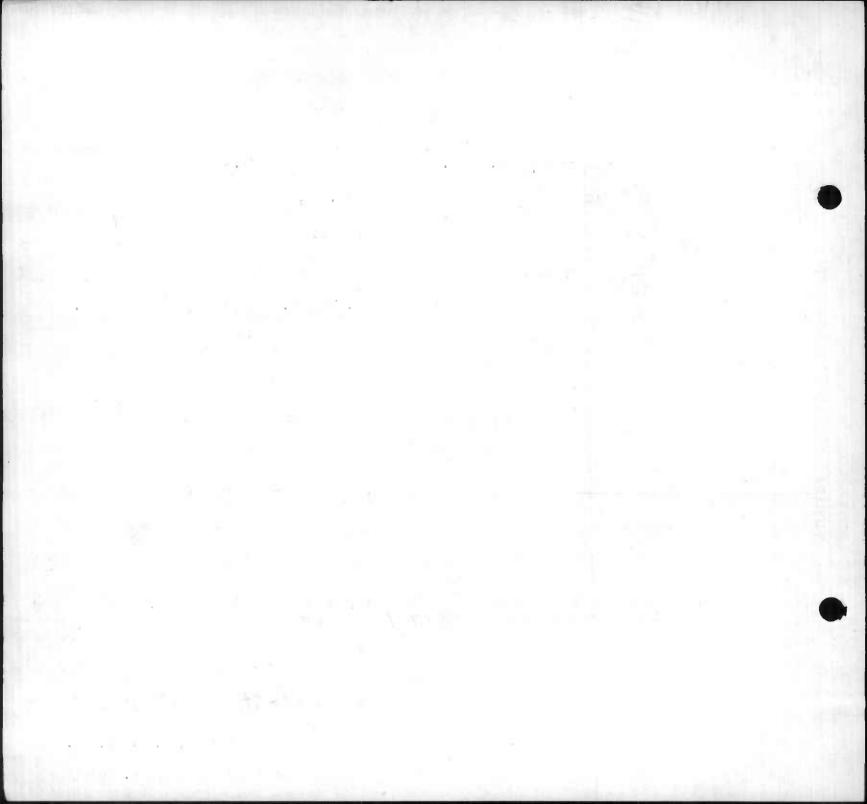
68-	2663

BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO.	68-	2663	
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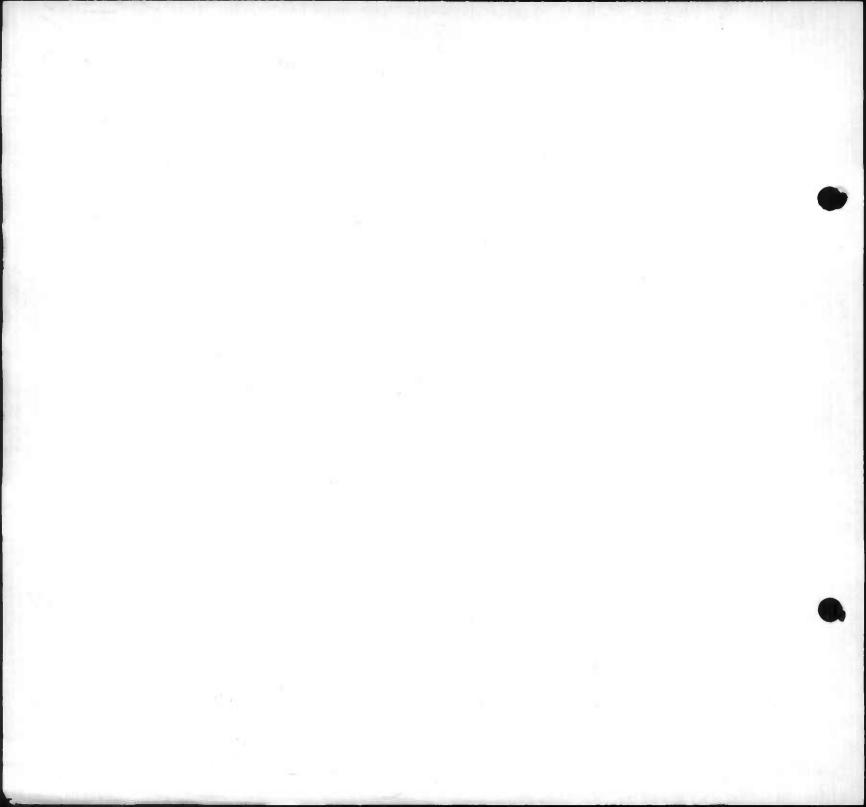
BIRTH NO.	00	CERTIFICA	ATE OF DEATH	0. 00 2000
Type or Print)		ORNER	2. DATE AND HOUR OF DI	2:30 A M
3. PLACE IN	BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	J. If institution: residence before admission)
FULL NAME HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	Maryland c. City or town	. INVIDE CHY LIMITS?
43			Baltimore E. STREET AND NUMBER	YES NO
1		o Gen. Hosp.	1714 Johnson St.	
Female	6. RACE	7- MARRIED NEVER MARRIED WIDOWED X DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Jan. 18, 1899 69	Months Doys Hours Min.
róA, USUAL O done during mos	of working life, even if retired)		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY U.S. A.
13. FATHER'S	ousewife	At Home	Pennsylvania 14. MOTHER'S MAIDEN NAME	0 0 11
	Charles Reyno	lds	Henrietta Unknown	
S. Was Deceo	sed Ever in U. S. Armed Fo	rces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
Nes, no or onkn		es of services SECORITY NO.	Mr.Efmil R. Werner 173	7 Patapsco St.
18. 4/	0.9	CAUSE OF DEA	ATH .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
UNDERLY OTHER STO	NIFICANT CONDITIONS CO	ONTRIBUTING THE TERMINAL	500	
		RT 1 (A). NDITION FOR WHICH OPERATION RFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, N	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OR CONT	DENT WAS UNDERLYING [RIBUTING CAUSE OF ority medical examiner)	218. PLACE OF INJURY (e.g home, form, foctory, street,	, in or obout office bldg., INJURY OCCUR?	oltimore City, give exoct location)
21 D. TIME OF INJUR (APPROX.)		(Hour) 21E, INJURY OCCURRED While At Not W		
22. I cer	ify that (I) (this hospita	ol) ottended the deceosed from		3/7/ 1968
that (I) (we) lost saw the deceos	ed alive an 3 17 1	19	r) opinion death occurred on the dat
23A. SIGN		oted obove. (1) (We) (did) (did not)) view the body after death.	238. DATE SIGNED
Ca	milo C. (hys. Med. Staff Phys. Director	3/7/68
23C. PHYSI NAM	CIAN'S E (Type)	OEGR	1213 Light St. Ba	1to, mid 21230
	L (Specity)	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State)
Buria 25A. DATE RE	1 3 11 6	258, NAME OF REGISTRAR	Glen Burnie	A. A. Co. Md.
	MAR 8 1968	Robert E. Farberta	Mc Cully	130 E. Fort Ave

VS 150-REV. 1/1/68

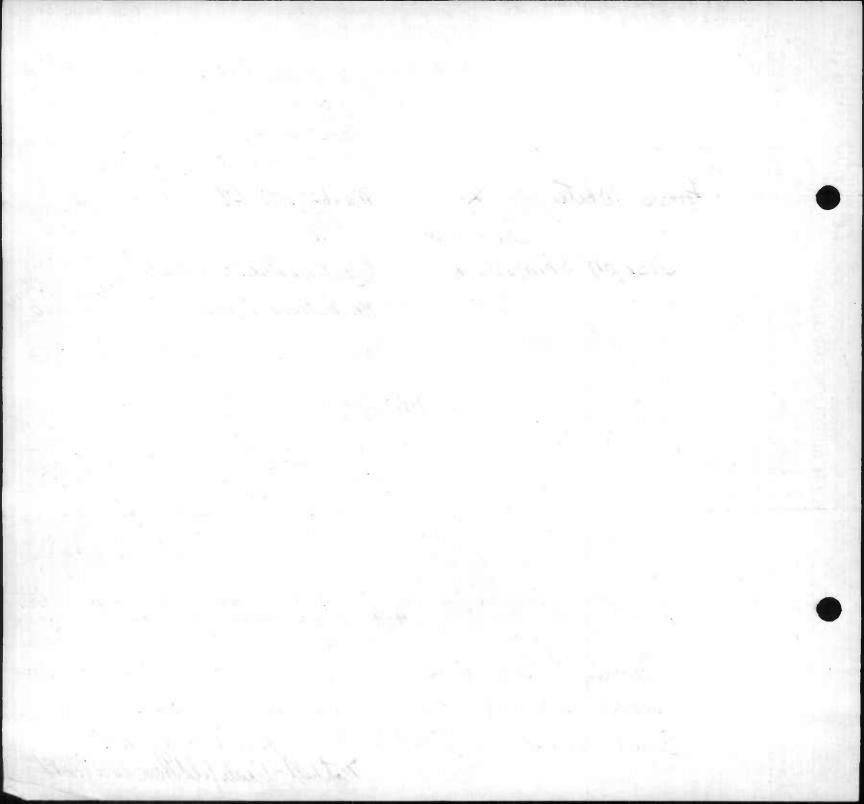


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

(Typ	Print)	J. KATH	terin.	٤	19AR	CH 5 19	68 7.15 F
I	FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location		grve street	4. USUAL RESIDENCE (Whe A. STATE B. COUN	TY	nstitution: residence before odmi
1	BOIU Sec	LOURS A	4050-	TAL	D. STREET ADDRESS (IF	rurol, give location)	21218
_						4ARLES =	<i>3/.</i>
5. S	F	W	NEVER	NEVER MARRIED D, DIVORCED (specify)	1-13-95	9. AGE (In years lost birthday) 73 YES	
	LUSUAL OCCUPATION of working		k 10B. KIND OF	BUSINESS OR INDUST	BALTO	gn country)	12, CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	. 10	DNLON	,	14. MOTHER'S MAIDEN NAME COOK A		
15. Yes	Wos Deceosed Ever s, no or unknown) (If y	in U. S. Armed Fo	ices?	1 6. SOCIAL SECURITY NO.	17. INFORMANT MRS, Margara	- 1	150N - 3003 N.C.
	18.412.9			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OF	CONDITION DI	RECTLY	0	SC.V.D. E fa	1.	SAL AND DEAT
		ean the made of		DUE TO			
	heart failure, asthe injury ar camplica	enia, etc. II means lian which caused CEDENT CAUSES CONDITIONS, if lave cause (A)	the disease, death.) any, giving		CERALIZED A	date a rosa	ch years
ATION	heart failure, astheinjury ar camplica ANTE DISEASES OR Conise to the abunderLying CO All Control of the con	enia, etc. II means lian which caused CEDENT CAUSES CONDITIONS, if lave cause (A)	any, giving stating the	(C)	mentfieren		Days &
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ICAL CE	heart failure, astheiniury ar camplica ANTE DISEASES OR Crise la the ab UNDERLYING CO OTHER SIGNIFICATO THE DEATH DISEASE OR CON 19A-DATE OF OPEL 21A-ACCIDENT W OR CONTRIBUTING DEATH (notify medi	CEDENT CAUSES CONDITIONS, if cave cause (A) ENDITION last. II NT CONDITIONS (A) BUT NOT REL. DITTON 198, CONWAS PER AS UNDERLYING CAUSE OF	any, giving slating the CONTRIBUTING ATED TO THIT. Solution FOR MEDITION FOR MEDIT	GERNAL (C) WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, st	DS/S DSU-FERENCE DSU-FERENCE 20 K. AUTOPSY? (Yes or For office bidg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	Days & YLAUS. FINDINGS EONSIDERED AUSES OF DEATH?
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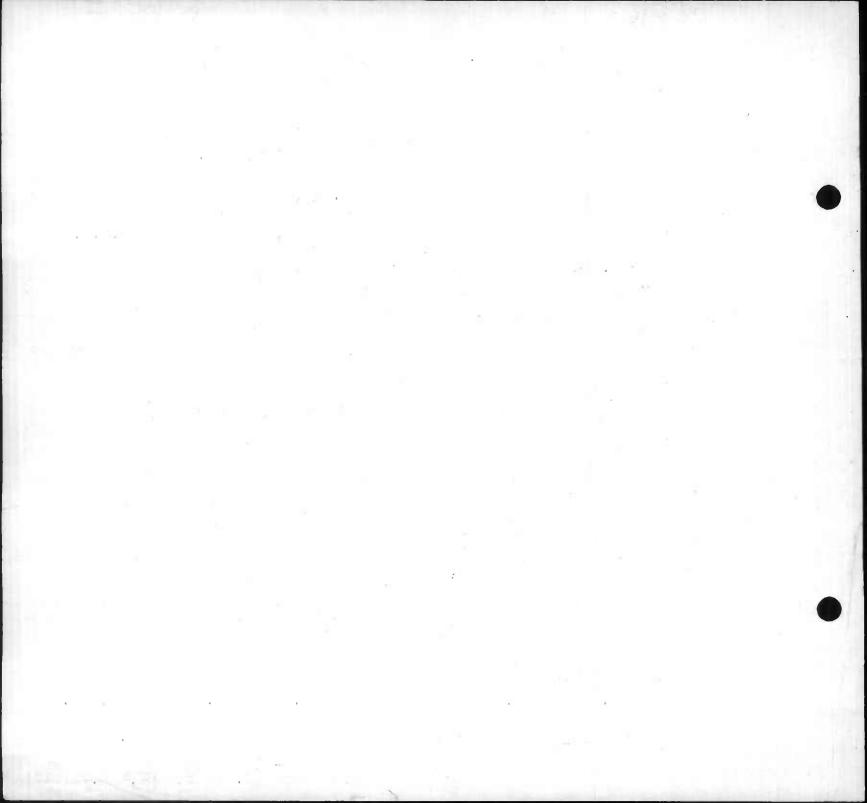


	26-1	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2665
1	- 200 68- 26	665 CERTIFICA	TE OF DEATH	REG. NO.	00 2000
	111 140.	JOS CERTIFICA		D HOUR OF DEATH	
	De or Printi	LEWIS		MARY 1968	930 AM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT		tution: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN: STITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS O
1	MONTEBELLO STATE H	OSP.	E. STREET AND NUMBER	<i>-</i> Y	YES NO 1
			3907 GR	EEN MOUN	TAVE
S. 5	Femalo (White WIDOW	IED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIND	السا	11. BIRTHPLACE State ar foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
	e during most of working life, even il retired)	Cream	Va.		U.S.A.
13.	Joseph Shims,	hock	acoline BOR	TH lome	W
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service	16. SOCIAL SECURITY NO.	17-INFORMANT	11 830	Coco Palm Copt ane
_	18, (10, 9	CAUSE OF DEATH	MRS- VICTORIQ 11	ORGON -	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	AA		Ĭ	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	40 CARDIAL	INFARCT	TON 7 DAYS
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disectiniury or camplication which caused deoth.)	DUE TO, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	ADT	ERIDECTEDA	010	
	DISEASES OR CONDITIONS, if any, give	ring DUE TO, OR AS	ERIOS CLEROS A CONSEQUENCE OF:	3/-2	
	rise to the above cause (A) stating UNDERLYING CONDITION lost.				
		(C)			
HOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN	NG CERE	BRAL THROM	MB esis	1 YEAR
CERTIFICATIO	19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	n ar obout 21C. WHERE DID	(If in Boltimore	City, give exoct facotion)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?		
MEDI	21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	White At Not While At Work	e		
	22. I certify that (1) (this hospital) attended	ed the deceased from	4-3 1	967 to	4-4 1968.
	that (M) (we) last saw the deceased alive	on 4-4	19 68 and tha	it in (my) (aur) apini	an death occurred an the dote
	and haur and from the causes stated above	e. (I) (We) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE	4		/ 2	3B, DATE SIGNED
	Syrmin I. Gox	seisten pegess Phys	nding Med. Sincetor F	Staff Phys.	MAR. 4, 1968
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
	IRVING L. COOD	ERSTEIN. DEGREE	MONTERFLLO	HOSP. BA	1TO MD
24/	REMOVAL (Specify)		MATORY 24D. LO	CATION (City,	town, ar county (State)
25.	Burial 3/7/1968 /	new athedra	e cens Da	ellinore	Med
234	A. DATE REC'D BY HEALTH DEPT. 258 NAM	ME OF REGISTRAR	Matchell - We	edefeld Hon	We 6500 York El
VS	1 SO-REV. 1/1/6B				/

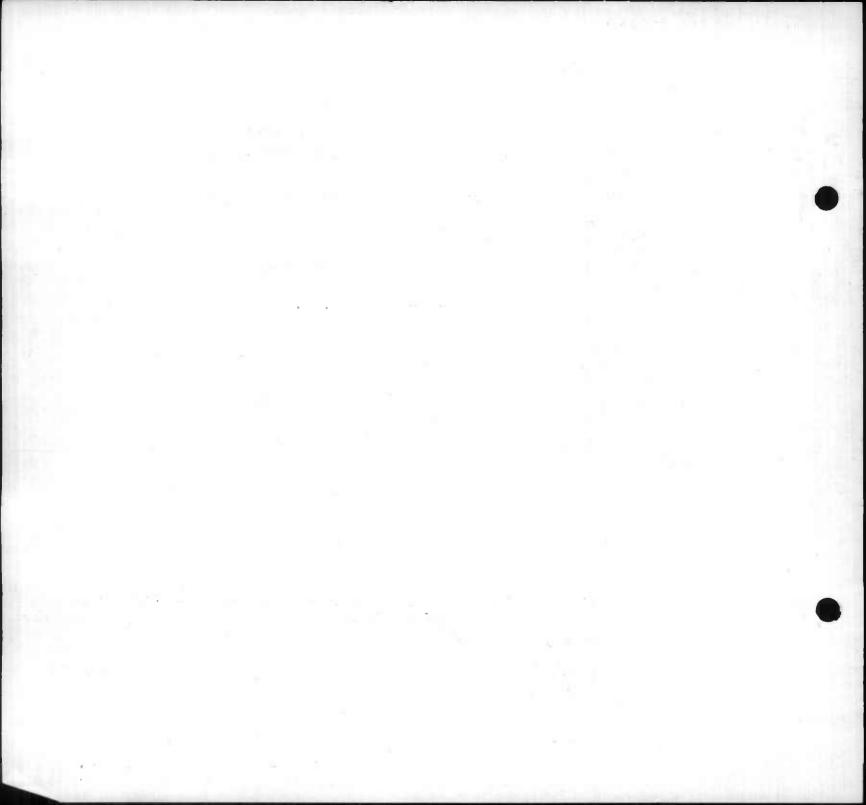


1	3-326 68- 2666 BALTIMORE CI	TY HEALTH DEPARTMENT
PID	CERTIFIC CERTIFIC	ATE OF DEATH REG. NO. 68-2666
1, N	IAME OF DECEASED Katherine Elizabeth Bac	etjer March 3,1968
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE 8. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 17-14
INS	STITUTION	C. CITY OR TOWN BAltimore P. INSIDE CITY LIMITS YES K
	4900 Roland Avenue	
0		e. STREET AND NUMBER 4900 Roland Ave.
5. S	MARKED THEVER MARKED	
	emale White widowed Divorced	Feb. 10,18/1 9/
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST e during most of working life, even if retired)	
12	Homemaker FATHER'S NAME	Baltimore, Maryland U.S.A.
13.		
5 1	Joseph B. Cook Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Medora Rollkey
Yes	s, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
_	no 220-44-496	
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	AUSE JUMIS AVI JECTOS W ON JUST 149
	heort foilure, osthenio, etc. 11 meons the diseose,	AS A CONSEQUENCE OF
	ANTECEDENT CAUSES	to the
	DISFASES OR CONDITIONS, if ony, giving DUE to, OR	AS A CONSEQUENCE OF
	rise to the obove couse (A) stoting the	
	UNDERLYING CONDITION loss, (C)	
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
CATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
TIFIC	WAS PERFORMED	20A. AUTOPSY? (7°6 or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. or CONTRIBUTING CAUSE OF home, form, foctory, street,	g., in or about 21 Q. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
CAL	DEATH (notify medical examiner) etc.)	The stage in the s
EDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
\$	(APPROX.) While At Work At Wo	Vhile are the second of the se
	22. I certify that (I) (this hospital) attended the deceased from	1965 19 10 1101 3-196 19
	that (I) (we) lost sow the deceased alive on	ond that in (my) (our) opinion death occurred on the date
	ond hour and from the couses stated above. (1) (We) (414) (did not	
	23A. SIGNATURE	Attending Med. 5toff
	23C. PHYSICIAN'S	Phys. Director Phys. J
	NAME (Type Dr. Walter A. Baetjer	1010 St. Paul St. BAltimore, Md.
244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	REE
	Burial 3-5-68 Druid Rid	lge Pikesville, Md.
254	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR Mitchell-Wiedefeld Home ADDRESS
	MAR 8 1968 Oblate E. tarkey	6500 York Rd. Baltimore, Md. 21212
VS	150-REV. 1/1/68	

on death occurred on the date 238, DATE SIGNED imore, Md. town, or county) (Stote) Md. ADDRESS me re, Md. 21212



	D-500 68- 2667 CERTIE	RE CITY HEALTH DEPARTMENT FICATE OF DEATH REG. NO. 68-2667
	NAME OF DECEASED PO OF Print) MRRYD, DUNN	2. DATE AND HOUR OF DEATH MARCH - 3-1968 4.55 A.
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE OSPITAL OR ADDRESS OR LOCATION) STITUTION	BALTIMORE YES NO
7	BON SECUURS HOSPITAL	E. STREET AND NUMBER 426 OVERBROOK Rd-
-	WIDOWED DIVORCE	TED 8-24-96
	Receptionist Medical Center Medical Center	0
3.	FATHER'S NAME JAMES MACKIN	14. MOTHER'S MAIDEN NAME MCKAY
5. Ye	Wos Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) NO	9800 Mrs. M. Jane McCauley Same
ICATION	heart failure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO	IN CEPTIEVING CALISES OF DEATH?
TIFE		NO IN CERTIFICATION OF SEATH
CAL CERTIFIC	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJUROR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURO 21 B. PLACE O	RY (e.g., in or obout 21 C. WHERE DID street, office bldg., INJURY OCCUR?
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF home, form, foctory, setc.) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY While At The contribution of the contributi	RY (e.g., in or obout 21 C. WHERE DID street, office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? Not While At Work
CAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fra that (I) (we) last saw the deceased alive an	RY (e.g., in or about 21 C. WHERE DID street, office bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? Not While At Work am Junuary 27 19 68 ta MARCH 3 -1968 19 21 F. Gyff 2 19 68 and that in(my) (aur) apinlan death accurred an the decourse of the dec
CAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attended the deceased fra	RY (e.g., in or obout 21 C. WHERE DID street, office bldg., INJURY OCCUR? RED 21 F. HOW DID INJURY OCCUR? Not While At Work 21 F. HOW DID INJURY OCCUR? AT MARCH 3 - 1968 19 22 R. DATE SIGNED 3 / 3 / 1968 23 D. ADDRESS 24 D. ADDRESS 25 D. ADDRESS 25 D. ADDRESS 26 D. ADDRESS 26 D. ADDRESS 27 D. ADDRESS 27 D. ADDRESS 28 D. ADDRESS 29 D. ADDRESS 29 D. ADDRESS 20 D. ADDRESS 21 D. ADDRESS 22 D. ADDRESS 23 D. ADDRESS 25 D. ADDRESS 26 D. ADDRESS 27 D. ADDRESS
MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURI While At Work 22. 1 certify that (I) (this haspital) attended the deceased fra that (I) (we) last saw the deceased alive an and haur and fram the equses stated abave. (I) (We) (did) (did 23A. SIGNATURE	RY (e.g., in or obout 21 C. WHERE DID street, office bldg., INJURY OCCUR? REED Not While At Work DIM 219 68 and that in(my) (aur) apinlan death accurred an the d d nat) view the bady after death. Athending Med. Staff Phys. 23D. ADDRESS DEGREE RY or CREMATORY 21 F. HOW DID INJURY OCCUR? (If In Boltimore City, give exact location)



IMPORTANT DIRECTOR: FUNERAL death Deceased

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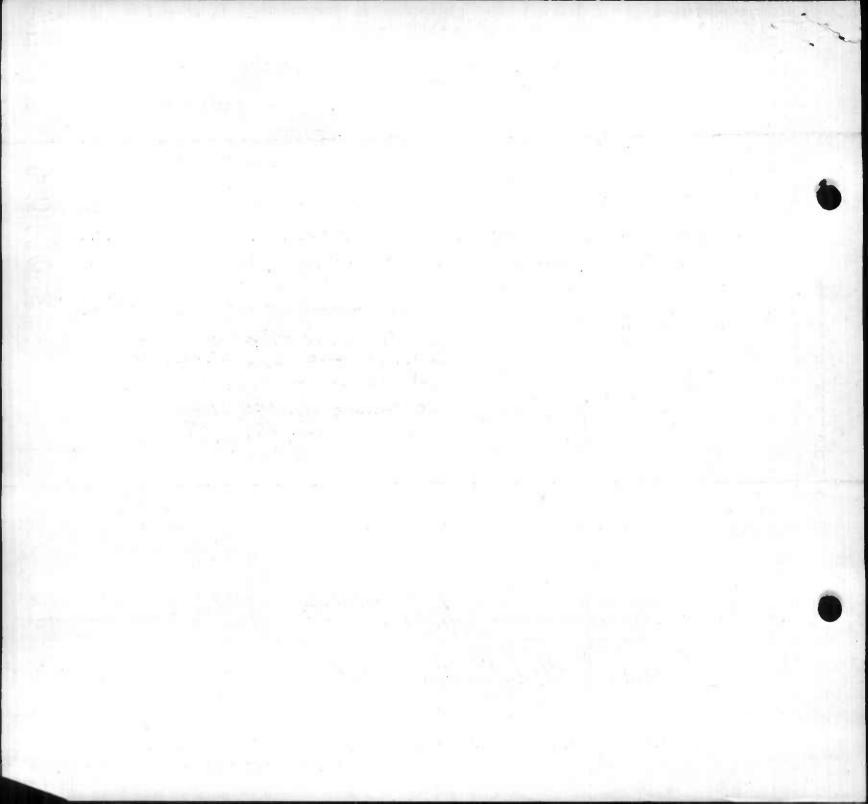
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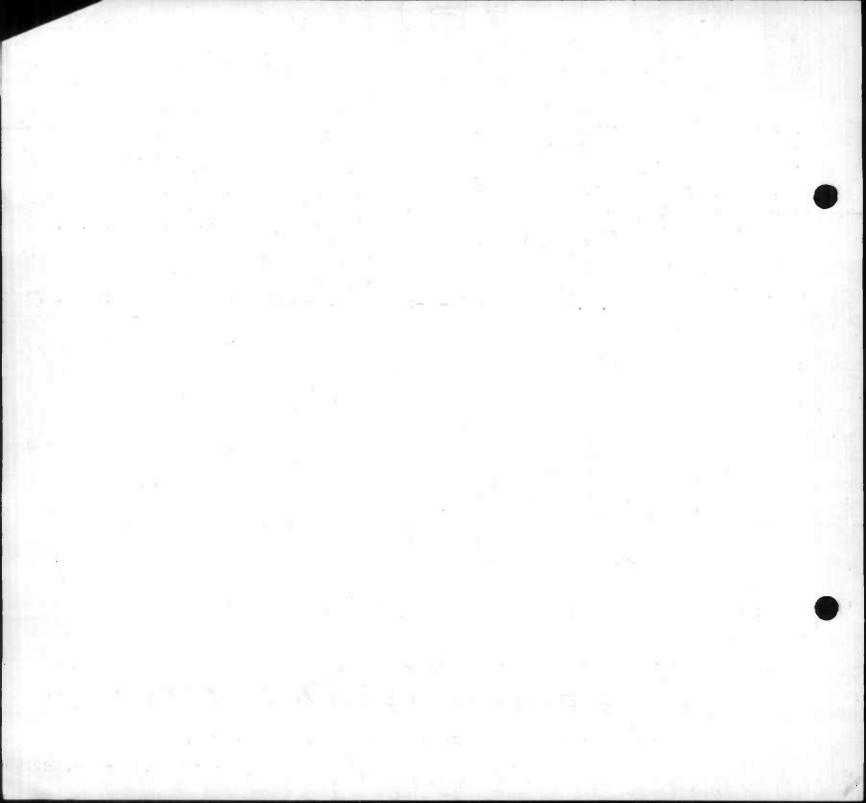
68- 2668 BALTIMORE CITY HEALTH DEPARTMENT 68- 2668 CERTIFICATE OF DEATH REG. NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3/2/1968 Carroll B. Hoffman 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY Washington (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md. FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS Hagerstown YES NO 115 Melrose Ave prior E. STREET AND NUMBER 108 Hunter Hill Drive is made 9. AGE (In years S. SEX If Under 1 Yr. If Under 24 Hrs. 6. RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased lost birthday Months Doys Hours WIDOWED Male White WIDOWED DIVORCED JULY 27, 1880 87

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) DIVORCED 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Railroad Baltimore, Md. U.S.A Retirg Engineer the 14. MOTHER'S MAIDEN NAME Carroll B. Hoffman Helen S. unknown 15. Was Deceased Eyer in U. S. Armed Forces 16. SOCIAL 17. INFORMANT ADDRESS ō (Yes, no or unknown) (If yes, give war or dotes of service) final SECURITY NO. Hagerstown . Md. attendance 105-10-5566 Raymond Hoffman 108 Hunter Hill Dr. No CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This daes not mean the mode at dying, e.g., gular ba heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) em ANTECEDENT CAUSES 4 are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, remains Was 443 X П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) °Z MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 9 OF INJURY While At Not While | (APPROX.) At Work and Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on... eath) and hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter deoth. must 234 SIGNATURE 23B. DATE SIGNED 0 Attending 7 Med. Staff 0 Director Phys. approval NAME (Type prior 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) eceased REMOVAL (Specify) written Burial 3/5/1968 Druid Ridge Cemetery Pi
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR
MAR 8 1968 (1.0.2) E. Talkey Mitchell Wied Pikesville. ADDRESS Mitchell Wiedefeld Home 6500 York Rd. 70

VS 150-REV. 1/1/68

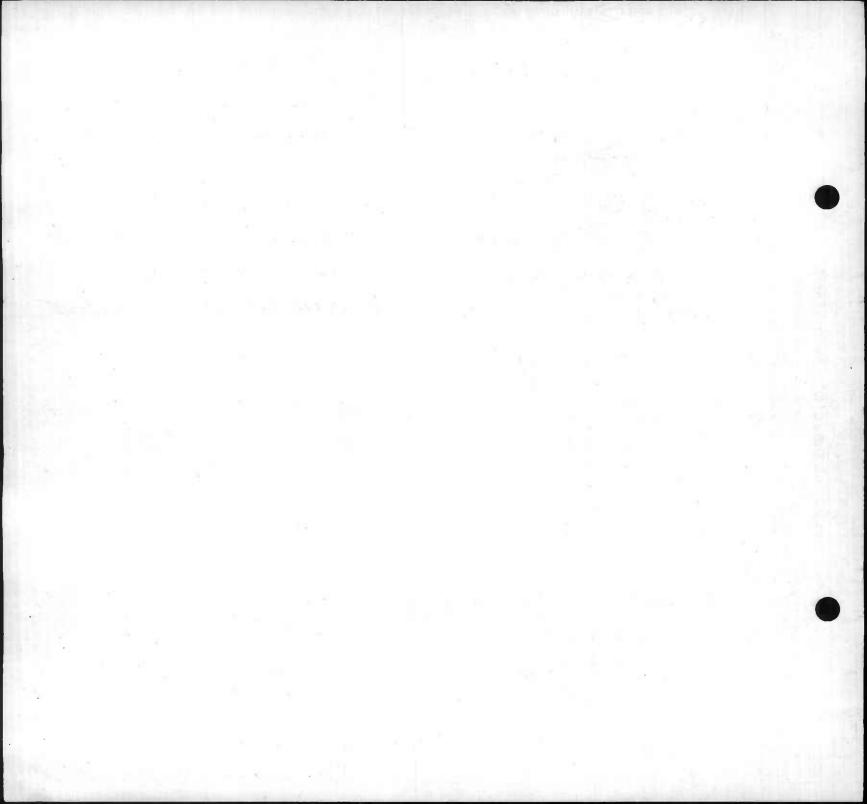


Type or	Print)	WTT.T.TAM		MAD A C	3/6	HOUR OF DEAT	1 /
3. PLA	E IN BALT	MORE, MARYLAND, V	WHERE PRONO	TARAS UNCED DEAD	4. USUAL RESIDENCE (Whe		f institution: residence befor
FULL N HOSPIT INSTITU	AME OF AL OR TION			JTION, GIVE STREET	BELTTMORE C. CITY OR TOWN	374 W 0 14	NSIDE CITY LIMITS?
0		3111 Magno Baltimore,			E. STREET AND NUMBER		YES NO 21227
5. SEX		6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., II U
Mal	•	White	WIDOWED	= =	3/31/18	last birthday)	Months Doys Hours
dane dur		orking life, even if retired)		BUSINESS OR INDUSTRY	Baltimore, Baltimore	ign country)	U. S. A
	HER'S NAN				14. MOTHER'S MAIDEN NA		-
	Michal	Taras			Mary Yoskiwic	eh	
15. Was	Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Ye		W. W. 11		215-05-5267	Mrs. Dolores	Caras 3111	l Magnolia Ave
		NTECEDENT CAUSE		(8) Ca 81	1 Colon Elu	in metre	istares
DI:	EASES O		S any, giving	(B) Ca P) DUE TO, OR AS	Lolon Elu A CONSEQUENCE OF	in meta	istaries
NOITA NOITA NOTO	A SEASES O TO THE DEATH BEASE OR CO	NTECEDENT CAUSE R CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITIONS CO BUT NOT RELATED TO NOTION GIVEN IN PA	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(B) Ca & DUE TO, OR AS			
NOITA NOITA NOTO	A SEASES O TO THE DEATH BEASE OR CO	R CONDITIONS, if obove cause (A) CONDITION lost.	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR VERO RED	(B) Ca P DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No	o) 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION ALCONOMICS AND ALCO	SEASES O To the IDERLYING SEASES O TO THE IDERLYING SEASE OR CO. DATE OF CONTRIBU	R CONDITIONS, if obove cause (A) CONDITION lost.	any, giving stating the Stating the TERMINAL RT 1 (A). NOTION FOR VEREORMED	(B) Ca P DUE TO, OR AS (C)		D) 20B, IF YES, WEI	RE FINDINGS CONSIDERED
WEDICAL CERTIFICATION AEDICAL CERTIFICATION AND STATE AND STATE	EEASES O I to the IDERLYING HER SIGNIFI THE DEATH EASE OR CO DATE OF ONTRIBU ATH (notify	RECEDENT CAUSE R CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITIONS CO HOUSE IN PACTOR OF PARTION PACTOR OF	S any, giving stating the Stating the DNTRIBUTING THE TERMINAL INT 1 (A). NOTITION FOR VERFORMED 218. hometc.	(B) Ca P DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or Notice of the property o	o) 20B, IF YES, WEI IN CERTIFYING (RE FINDINGS CONSIDERED
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WEDICAL CERTIFICATION AND TO THE CONTROL OF THE CON	ACCIDEN CONTRIBUATH (notify	R CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITION S CONDITION GIVEN IN PAOPERATION 19B. CONDITION GIVEN IN PAOPERATION 19B. CONDITION GIVEN IN GENERAL CAUSE OF medical exominer) (Month) (Doy) (Year that the spirit cause of medical exominer)	any, giving stating the Statin	(B) Ca P DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or N.	20B. IF YES, WEI IN CERTIFYING ((If In Baltin URY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DIS	EASES OF THE DEATH FASE OR CO. DATE OF CONTRIBUATH (notify PROX.) I certify t (1) (we)	R CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITION S CONDITION GIVEN IN PA OPERATION 19B. CONDITION GIVEN IN GOVERNMENT OF MEDICAL SECTION (Month) (Doy) (Year other than 10 the part of the condition of	ONTRIBUTING THE TERMINAL IRT 1 (A), NOTION FOR N REORMED 218, hom etc.) (Hour) 21E, Wh wo oil) ottended t	WHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, or) INJURY OCCURRED ille A1	20A. AUTOPSY? (Yes or N. N. O) in or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN.	20B. IF YES, WEI IN CERTIFYING ((If In Baltin URY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact lacatio
WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CARACTER AND OLD TO THE CARACTER AND OLD	EASES OF THE DEATH FASE OR CO. DATE OF CONTRIBUATH (notify PROX.) I certify t (1) (we)	NTECEDENT CAUSE R CONDITIONS, if obove cause (A) CONDITION lost. I CANT CONDITIONS COMBINED TO THE CONDITION COMBITION OF THE CONDITION OF THE CONDITION OF THE COMBINED CAUSE OF THE CAUSE OF T	ONTRIBUTING THE TERMINAL IRT 1 (A), NOTION FOR N REORMED 218, hom etc.) (Hour) 21E, Wh wo oil) ottended t	(B) CA DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or N. 1/2) in or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 68 and the view the bady after death.	20B. IF YES, WEI IN CERTIFYING ((If In Baltin URY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
WEDICAL CRATHICATION AND COLOR OF THE CATION AND COLOR	A SEASES O TO THE DEATH THE DEATH THE DEATH CONTRIBUATH (notify) TIME IN JURY PROX. I certify t (I) (we)	NTECEDENT CAUSE R CONDITIONS, if obove cause (A) CONDITION Iosl. II CANT CONDITIONS CO. HOLD TO THE LATED TO ONDITION GIVEN IN PA OPERATION 198. CO. WAS PER TWAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year Institute of the Couses state of the Couse of t	ONTRIBUTING THE TERMINAL IRT 1 (A), NOTION FOR N REORMED 218, hom etc.) (Hour) 21E, Wh wo oil) ottended t	(B) CA PODUE TO, OR AS (C) WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, or re) INJURY OCCURRED All Work he deceosed fram (A) Work he deceosed fram (A) (B) (We) (did) (did not) who have the complete of the complete	20A. AUTOPSY? (Yes or N. 1/2) in or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 68 and the view the bady after death.	20B. IF YES, WEI IN CERTIFYING ((If in Baltin IURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact lacation 3 6 opinion deoth accurred
DISTRIBUTION WEDICAL CERTIFICATION OLD STATE OF THE CASE OF THE CA	ACCIDEN CONTRIBUATE (I) (we) I hour and signature of the contribution of the contribut	NTECEDENT CAUSE R CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITION S CONDITION GIVEN IN PA OPERATION 19B. CONDITION GIVEN IN PA OPERATION 19B. CONDITION GIVEN IN PA OPERATION (AUSE OF medical examiner) (Month) (Doy) (Year of the couses stated by the couse s	ONTRIBUTING THE TERMINAL INT 1 (A). 218. Whometo, (Hour) 21E. Whometo, oted alive on	(B) CA DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No. 100) in or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. 19 68 and the view the bady after deoth. 23D. ADDRESS Med	20B. IF YES, WEI IN CERTIFYING ((If In Baltin URY OCCUR? 19 6 to	RE FINDINGS CONSIDEREIC CAUSES OF DEATH? more City, give exact lacation 23. DATE SIGNED 3. 6. 6 (City, town, or county)
DISTRIBUTION WEDICAL CERTIFICATION OLD COLD COLD COLD COLD COLD COLD COLD	A SEASES O TO THE DEATH TH	NTECEDENT CAUSE R CONDITIONS, if obove cause (A) CONDITION lost. II CANT CONDITION S CONDITIONS CONDITION GIVEN IN PACTOR CAUSE OF MEDICAL	ONTRIBUTING THE TERMINAL INT 1 (A). NOTIFICATION FOR V REFORMED 218. hom etc. (Hour) 21E. Wh wo oll) ottended t sed alive on otted obave. (I	WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, or re) INJURY OCCURRED All Work The deceosed from (All Work) We (did) (did not) OEGREE Phy	20A. AUTOPSY? (Yes or N.	20B. IF YES, WEI IN CERTIFYING ((If In Boltin URY OCCUR? 19 6 10	RE FINDINGS CONSIDEREIC CAUSES OF DEATH? more City, give exact lacation 23. DATE SIGNED 3. 6. 6 (City, town, or county)



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	Y HEALTH DEPARTMENT
68- 2670 CERTIFICA	ATE OF DEATH
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY MARY AND C. GHY OR TOWN ESSEX D. INSIDE CITY LIMITS?
LANORTH CHARLES SEN.	PALTIMANE YES NO IN
	E. STREET AND NUMBER
HOSPITHL S. SEX 6. RACE 7. MARDIED WIEVED MARDIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Min.
18A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Return Month of Working life, even if relired)	MANILLAND April U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ARTHUK GARDNIEW	MARY CTEWART
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
VNK 212-10-220	PEARL GARONER ABOVE
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Roppington Overt
hearl failure, ashenia, elc. It means the disease,	A CONSEQUENCE OF:
injury ar camplication which coused death.) ANTECEDENT CAUSES	Ch. Brun clubo
	S A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Chromic Emplyrema
- 502.0 II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Who Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	2-23 1968 to 3-5 1968.
that (1) (we) last sow the deceased alive an 3-5-	1968 and that In(my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not)	-
23A. SIGNATURE A	rending Med. Staff Phys. Director Phys. 13 - 5 - 68
23C. PHYSICIAN'S	220 400466
NAME (Type) A RTURO P. NORICO	NORTH CHARLES GEN. HOSP
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	
BURIAL 3/8/68 MT. CARM	EL BALTO. MO
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
MAR 8 1968 R. Contr E. Farberma	J.G. CONNELLY SONS 300 MACE



This certificate must be approved by the chief medical examiner

hospital and

0

or his assistant if death occurred in

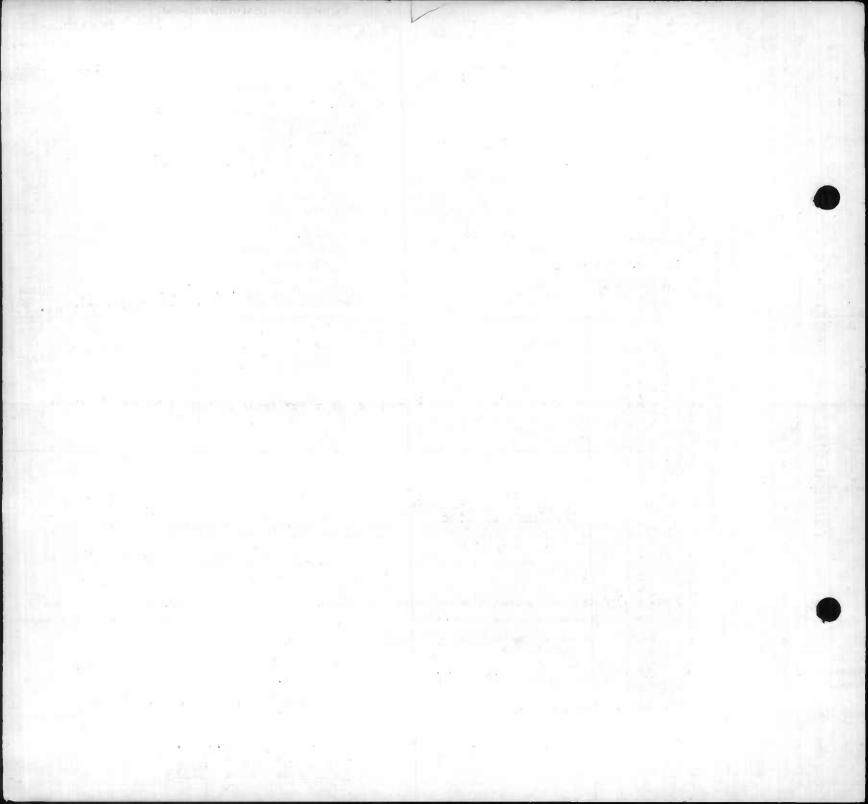
1	11515	BALTIMORE CITY	HEALTH DEPARTMENT	68- 2671	
	5-455 68-	- 2671 CERTIFICA	TE OF DEATH REG. NO.	00 011	
ased the the Such	INAME OF DECEASED		2. DATE AND HOUR OF DEA	ATH .	
f deatlecease on the	(Type or Print) Emma Gertrude	Sellman	March 7, 1968	6:20 A M.	
	3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY		
Se dend de	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAL	L OR INSTITUTION, GIVE STREET	Md.	01-02	
ng cause o cause; (5) D attendance ior to deat	INSTITUTION	1014/	C. CITY OR TOWN Baltimore	YES NO	
cau atte	US Public Health Serv	ice Hospital	E. STREET AND NUMBER	11.5	
ET . 5 62	3100 Wyman Park Drive		3829 Lyndale Ave. 2	1213	
ermined regular ased p	F 6. RACE W	· MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9/1/91 9. AGE (In years last birthday) 76	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
00 - 0 -	10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Undet Undet as in dec	Housewife	at home	Md.	USA	
Uras	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
(4) (4) the the ispo	Bernhardt Brandt		Ida Worley		
kind; death death ice on	15. Was Deceased Ever in U. S. Armed Forci (Yes, no or unknown) (If yes, give wor or dates None	of service) 16. SOCIAL SECURITY NO. None	17. INFORMANT Norman G. Sellm Records- US PHS Hospita	an, son, 966 Dundawn	
if t any b dan dan or fi	18.160.2	CAUSE OF DEAT	н Д.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
9	DISEASE OR CONDITION DIRE	ICTLY (MA	vis tarburgo +	100	
Als nou att	(This does not mean the made of	dying, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	6-8 Ms	
oro ba	heart failure, asthenia, etc. It means to	he disease,			
fra o gul	ANTECEDENT CAUSES	I A A A A A A A A A A A A A A A A A A A	as of Mariellan Venin	(R) Unknown	
re A P e	DISEASES OR CONDITIONS, if a	.,, 3,,,,,3	A CONSEQUENCE OF:		
(3) ex	rise to the above cause (A) UNDERLYING CONDITION last.	slaling the (C)	·		
edical burns; hysicia n was remain	160.2.				
burr burr hysi n w rem	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TRIBUTING			
EAR	DISEASE OR CONDITION GIVEN IN PART	1 (A).	[20A. AUTOPSY? (Yes or No)] 20B, IF YES, W	ERE FINDINGS CONSIDERED	
Body the pysicie	2/28/68 WAS PERFORM CONTROL OF THE C	TWE softamons cell		CAUSES OF DEATH?	
90 94 5	OR CONTRIBUTING TO CAUSE OF	noma of face 218, PLACE OF INJURY (e.g., i home, form, factory, street, o	n or obout 21 C. WHERE DID (If in Bol	limore City, give exoct location)	
her her Vo p	DEATH (notify medical exominer)	etc.)			
ospi atur pt w (6) I	OF INJURY (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	19	
- c 0 0 5	(APPROX)	While At Not While Work At Work	e 🗌		
S X Z E	22. 1 certify that (I) (this haspital)	attended the deceased fram		Adragazzak zazak zazazza zazazza zazazza zazazza eta eta eta eta eta eta eta eta eta et	
000.0	that (1) (we) last saw the deceased	alive an Mar. 7	19 68 and that in (phy) (aur)	aplnian deoth occurred an the date	
7 + + +	and haur and fram the couses state	ed orgove. (1) (We) (did) (did/n/oy)	riew the body after deoth.		
dent dent lospit deat must	23A. SIGNATURE	Ala And	ending Med. Shoff Col	23B. DATE SIGNED	
al the	Starola 12 1	annely, M.D. DEGREE Phy	nding Med. Staff Nhys. Director Phys.	3/7/68	
was r A. at a prior	23 C. FRYSICIAN'S NAME (Type) Hanold Figure Pompour	n Cummon	US PHS Hospital, Balto,	Md. 21211	
A. A.	Harold E. Ramsey, S	24C. NAME of CEMETERY OF CR		(City, town, or county) (State)	
the body shows: (1) was D.O. deceased written a	REMOVAL (Specify)				
the bod shows: was D.(decease	Burial 3/11/68 25A, DATE REC'D BY HEALTH DEPT.	Baltimore Cemet	Balto., Md	ADDRESS	
the beshow was dece	MAR 8 1968 Role	& E, tarkey Ma	Schiminek Funeral Hom 3331 Brehms Lane 212	13	

RGB

23C. PHYSICIAN'S NAME (Type) Harold E. 23 D. ADDRESS US PHS Hospital, Balto, Md. 21211 Ramsey, Sr. Surgeon 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, town, or county) (Stote) Baltimore Cemetery

258. NAME OF REGISTRAR

259. Balto., Md. 25C FUNERAL DIRECTOR SCHLIMMEN FUNERAL Home 3331 Brehms Lane 21213 ADDRESS VS 150-REV. 1/1/6B



	205		HEALTH DEPARTMENT		86- 26/2
BIR	D-320 68-26	372 CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECEASED Pe or Print) CHARLES F. D	NOZOO	2. DATE	AND HOUR OF DEATH	12 35 P
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRO		4. USUAL RESIDENCE (VA. STATE B. CO	There deceased lived. If in	nstitution: residence before admission)
H	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	mary LAND	D INS	IDE CITY LIMITS2
3	NOITUTION		BALTIM OR	E	YES NO .
1	he Union Memoria	1 Hospital	-4146 F	alls Rol	
5.	6. RACE 7. MARE WIDON	NED NEVER MARRIED DIVORCED DIVORCED	10/29/13	9. AGE (th years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KIN) and during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY			12, CITIZEN OF WHAT COUNTRY
10		Silding	PENN SYL		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN		
16	Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	lowy	ADDRESS
(Ye	s, na ar unknawn) (If yes, give war ar dates of servi	SECURITY NO.		1.45	YIY6 FALLS
	/V 6	185-03-8908 CAUSE OF DEAT	MRS MAE	DODSON	ROAD.
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CA	USE CHROHIC A CONSEQUENCE OF:	NEPHRI	TIS I YEAR
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which coused death.)		With une	ma	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi	(B)	A CONSEQUENCE OF:		
	rise to the above couse (A) stating		THE CONSEQUENCE OF	1.6	1.1
	UNDERLYING CONDITION last.	(C)	***************************************		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21 C. WHERE DIE office bldg., INJURY OCCUR	(If in Baltima	re City, give exact lacation)
MEDIC	21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	(A PPROX.)	While At Wark Nat Whi At Work			
	22. I certify that (I) this hospital ottend	ed the deceased from	sbriany 5	1968 to m	arch 5 1968
	that (1)(we) ost sow the deceased alive	on march 5	19.68 ond	that in (my) (our opi	nion deoth occurred on the dot
	ond hour and from the couses stated above	e. (I) (We) did (did not)	view the body ofter dec	h.	
	23A, SIGNATURE	7. 0 4	ending Med.	Staff 7	238. DATE SIGNED
	23 C. PHYSICIAND	M) OEGREE PH	ys. Director L 23D. ADDRESS	Phys.	3/5/67
	NAME (Type)	10 A	1011-	NA 5 NA - A .	1/400
24	ENRIQUE CIPRA A. BURIAL CREMATION. 24B. DATE 24	C. NAME of CEMETERY OF CE	EMATORY 24D	LOCATION (C	ity, tawn, ar caunty) (State)
	REMOVAL (Specify)	m . 1 . 1	A I	Ball	M
25	A. DATE REC'D BY HEALTH DEPT. 258, NA	ME, OF REGISTRAR	25C. FUNERAL DIRECT	OR 11 - 11	ADDRESS
	MAR 8 1968 Robert E.	tarbey MA	HOMEN YL). Hought	Sulasville M.
VS	150-REV. 1/1/6B		The state of the s		

K SEMITIAN X The british IND marrial Hospital 4140 Fair's Kana 10/29/13 58 Fixed Marc Occurs County The rose of the control of the contr Codenie Nerverilli The state of the state of the state of Emple Copies hos ENAMERS CHEN M. D. L. M. ON METERNAME

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

5-500 68- 2673 BALTIMORE CITY	Y HEALTH DEPARTMENT	
5-500 68- 2673 CERTIFICA	ATE OF DEATH REG. No. 68-2673	
BIRTH NO.	2. DATE AND HOUR OF DEATH	
SNOW, OLLIE B.	03/04/68 7:40 A	• M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admiss.) A. STATE B. COUNTY	sion)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN SYKESVILLE D. INSIDE CITY LIMITS? YES NO	
40 ST AGNES HOSPITAL	E. STREET AND NUMBER RR\$ BOX 119 102 OAK Street	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24	
FEMALE WHITE WIDOWED DIVORCED	09/13/09 58	in.
IDA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even il retired)		NTRY?
Housewife Home	KANSAS USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
OLLIE BELL 212-22-6253	8 Willo Wilson	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS	
h h	ST AGNES RECORDS-WILKENS&CATON A	VES
18. CAUSE OF DEAT	TH APPROXIMATE INTER	
DISEASE OR CONDITION DIRECTLY TIMORA	AL CACHEXIA	PEATH
(A)IMMEDIATE CAL	USE	
(This does not mean the mode of dying, e.g., DUE TO, OR AS heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
	INATED METASTASIS	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:	
UNDERLYING CONDITION last. (C) ADENOC	CARCINOMA RT. KIDNEY	
7/80X II		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	20A. AUTOPSY? (Yes or No) 20B: IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If In Boltimore City, give exect location)	
OR CONTRIBUTING CAUSE OF home, forlory, street, of DEATH (notify medical examiner)	office bldg., NJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not Whi Work At Work		
The first transfer of	FERRUARY 20 10 68 MARCH 4 10 6	8
Abox (I) (wa) loss saw the despected alive as MARCH 4		8 ,
that (1) (we) last saw the deceased alive an MARCH 4,	19 68 and that in(my) (aur) apinian death accurred an the	
and haur and fram the causes stated above. (1) (We) (did) (did nat)	19 68 and that in(my) (aur) apinian death accurred an the view the bady after death.	
and haur and fram the causes stated above. (1) (We) (did) (did nat)	19 68 and that in(my) (aur) apinian death accurred an the view the bady after death.	
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and haur and fram the causes stated above. (1) (We) (did) (did nat)	19 68 and that in(my) (aur) apinian death accurred an the view the bady after death. 238. DATE SIGNED	
and haur and fram the causes stated abave. (1) (We) (did) (did nat) and signature 23C. Physician's NAME Type: 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMETERY of CREMETERY OF CREMETERY.	19 68 and that in(my) (aur) apinian death accurred an the view the bady after death. 238. DATE SIGNED tending Med. Director Phys. 3/4/68 23D. ADDRESS SAINT AGNES HOSPITAL	
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and haur and fram the causes stated abave. (1) (We) (did) (did nat) and state abave. (23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAM'S NAME (First) ALF JANDRO MELIA 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY or CREMOVAL (Specify) BUTIA 24C. NAME of CEMETERY or CREMOVAL (Specify) 24C. NAME of CEMETERY OF CREMOVAL (Specify)	19 68 and that in(my) (aur) apinian death accurred an the view the bady after death. 19 68 and that in(my) (aur) apinian death accurred an the view the bady after death. 23B. DATE SIGNED 23B. DATE SIGNED 3/4/68 23D. ADDRESS 23D. ADDRESS E SAINT AGNES HOSPITAL REMATORY 24D. LOCATION (City, town, or county) (Stephen Store) Camelegy Finks burg	date
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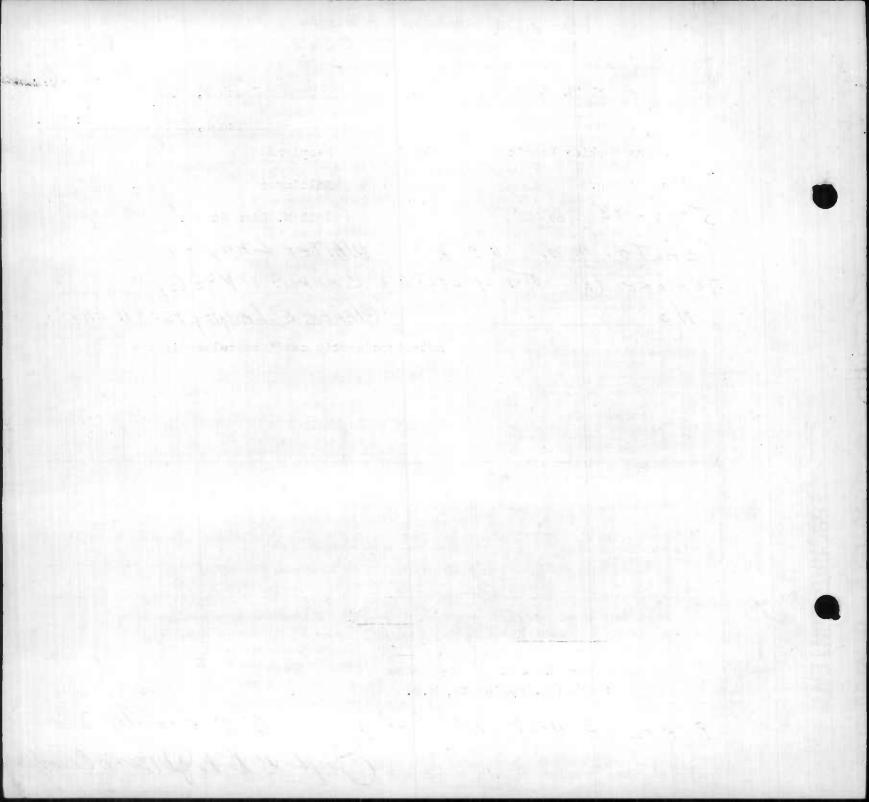
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68- 2674 BALTIMORE CITY HEALTH DEPARTMENT

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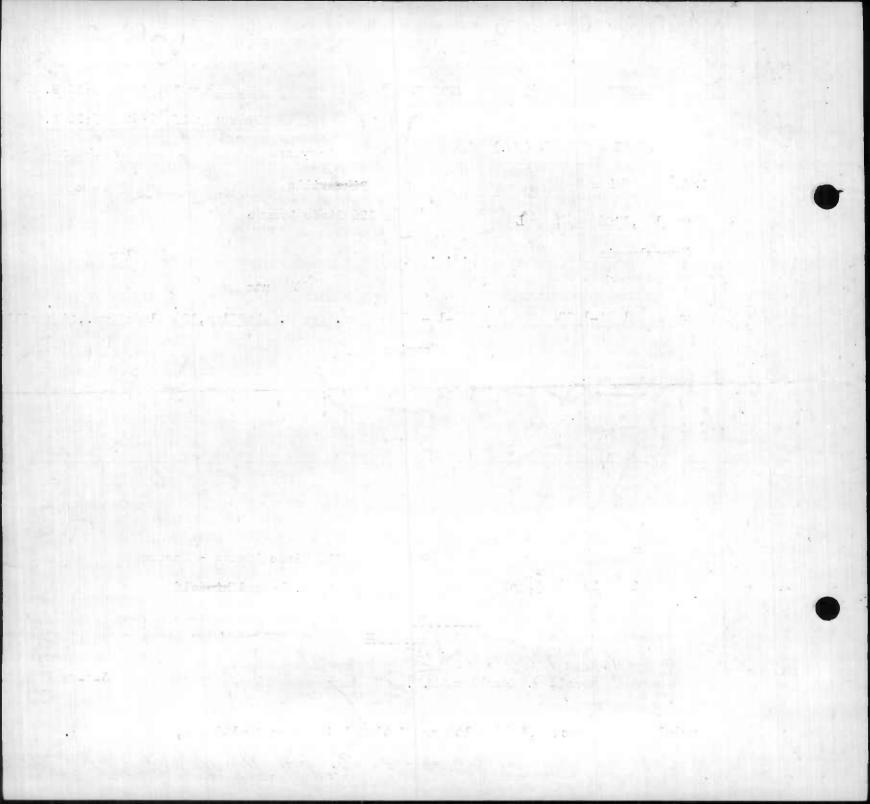
BIRTH NO.										
1. NAME OF DEC	EASED			2. DATE	Known 🔯	Month	Doy	Yeor	Hour	
MYRTLE LANGLEY			OF DEATH	Estimoted [March	6. 1968			M.	
4. PLACE IN BALT	IMORE, MARYLAND, W			3. DATE	INICED DE LO	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	ON, GIVE STREET		INCED DEAD		6, 1968	residence h	11:42	A. _{M.}
33 John	ns Hopkins Ho	ospital	(DOA)	A STATE	Maryland		B. COUNTY	. restaurice c	70101C 00III133	,
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		104
Female	Negro	WIDOWED			Baltimor	e	ME	s X	NO 🗆	1
9. DATE OF BIRTH	1 98 lost birthdo		der 1 Yr. If Under 24 Hrs. hs, Doys, Hours, Min.	E. STREET	ND NUMBER	Eden St	reet	0	0	7
11. BIRTHPLACE (S	tote or foreign country)		TIZEN OF	13. FATHER	S NAME	100	1/21.			-
	PATION (Give kind of work	/ // .	J. H.	15. MOTHE	CIEP R'S MAIDEN N	AME	1124	100		
IFAChe		QITY 0	/ -	CA	RRIE	KE	FELY			
	ED EVER IN U.S. ARMED (If yes, give wor or dotes		SECURITY NO.	O AM	FNCE	/ ANOI	EU 150	ODRESS QN.	Ellivo	od A
19.	- 69		CAUSE OF DEA	TH	-11-1	-11171	1		PROXIMATE INT	
DISEASE	I E OR CONDITION DIRE	CTIV	Arterio	sclerot	ic cardi	ovascu1	ar disea		VEEN ONSET AN	ID DEATH
	EADING TO DEATH	CILY	(A)IMMEDIATE	AUSE						
heort foilure,	ot meon the mode of dy osthenio, etc. It meons the oplication which caused de	diseose,		AS A CONSEC	UENCE OF:	ti valle ditt. 1848 (18) viin valle alemikratiriskis varsilienski kisiriker dis				
	ITECEDENIT CAUSES									
DISEASES C	NTECEDENT CAUSES OR CONDITIONS, IF ANY	, GIVING	(B)	AS A CONSE	QUENCE OF:					
RISE TO THE	ABOVE CAUSE (A) STA	TING THE								
20			(C)							
O THE DEA	II IFICANT CONDITIONS CONTINUES CONTINUES TO THE PROPERTY OF	THE TERMINAL								
20A. DATE OF	OPERATION 208. COI		WHICH OPERATION W	AS PERFORA	IED			21. AUTO	PSY? (Yes or	r No)
5 1								v	es	
22A. EXTERI	NAL CAUSE WAS		PLACE OF INJURY (e.g., , form, foctory, street, offic				re City, give exc			
UTING □ CA	USE OF DEATH.									
OF INJURY (APPROX.)	Month) (Doy) (Yeo	V		WHILE	2F. HOW DID	INJURY OCC	UR?			
23.	26 11-11-11			topsy X		Abir besis	J41 *	- 1-1		
		nquiry 📙					deoth in my	_		
result	ed from: Notural cou	ses A	ccident U Suici		omicide 🔲		ned monner L	_		
ACTUAL SIGNATU	JRE Clunt	3.	Jan M.E		CHIEF MEDICA STANT MEDICA		X		DATE SIGN	IED
EXAMINI NAME (T		S. Sprin	gate, M.D.	ASSC	CIATE MEDICA	L EXAMINER	Man	cch 7,	1968	
24A. BURIAL CREA REMOVAL (Specif	3-11	-68	MT. CAL	rang		a. a.	Con	n, or county	mo (Stot	
25A. DATE REC'D	8 1968 Q	25B. NAME	OF REGISTRAR	25C.	supply x	Y Park	6917	DDRESS 3041	n. Cem	hal a
VS 151-REV. 1/1/6B					1	1 4	1			



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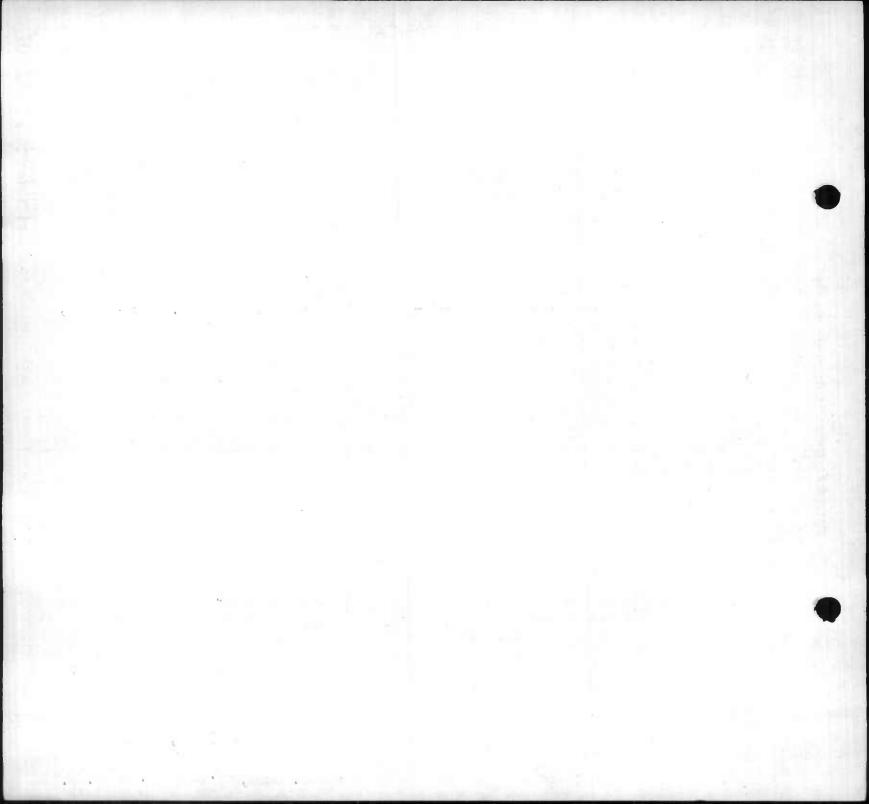
68- 2675 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 85400 68- 2675

BIRTH NO.	REG NO.	
1. NAME OF DECEASED	2. DATE Known Month Day Ye	ear Hour
(Type or Print) ARTHUR SHEFFLER	OF DEATH Estimated February 29, 196	58 5:30 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		ear Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD February 29, 1968	5:30 P.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; reside	M.
SINAI HOSPITAL (DOA)	A. STATE Maryland B. COUNTY	Baltimore C
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	D. INSIDE CITY LIM	ITS?
Male White widowed □ divorced □	Pikesville YES	NO X
9. DATE OF BIRTH June 10 . 1906 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys Hours Min.	3.00\$5	F 9
	126 Slade Avenue TOS	33-00
11. BIRTHPLACE(State or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Sheff1	A.79
14A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR		E
done during most of working life, even if retired)	noth Tut-	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRES	S 1°
(Yes, no or unknown) (If yes, give wor or dates af service) SECURITY NO.		id.
1924-1933 705-10-9 5 c		AVE . PINESVII
E730X		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hangin	ng	
LEADING TO DEATH (A)IMMEDIATE		
(This daes nat mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
E E 9 7 4 X II		
OF THE RISIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W		
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	WAS PERFORMED 21. A	AUTOPSY? (Yes ar No)
DAIL OF OFERALION TOWN WHICH OF EXAMINING	TEN ORMED	No
	., in or about 22C. WHERE DID (If in Baltimore City, give exact lace)	
UNDERLYING MOR CONTRIB-	ice bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E INJURY OCCURRED	126 Slade Avenue - Basement	•
22D. TIME (Month) (Day) (Year) 22E.INJURY OCCURRED OF INJURY 2 29 68 4:50P WHILE AT NO	Subj. hanged himself	
	WORK X Subj. Hanged Hillisell	
23. I certify that I held an Inquiry Inspection X A	utapsy and that an this basis, death in my apini	99
resulted fram: Natural causes Accident Suici	ide X Hamicide Undetermined manner L	
ACTUAL () 1917	CHIEF+MEDICAL EXAMINER ☐	DATE SIGNED
SIGNATURE MAN	D. ASSISTANT MEDICAL EXAMINER	3-1-68
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	3-1-00
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Y ar CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
Burial March 5,1968 Baltimore Ma	tional Cemetery Baltimore.	Mi e
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	
MAD 8 1968 DO B- S FARMA	Transport Manuell With.	all of MAN
MAIL O 1000 ALTAIN CA CONTRACT	freely History Proces	reco & mil
VS 151-REV. 1/1/68		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death.); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

-	7 - 2116		HEALTH DEPARTMENT		00 0000
1	5-346 68-21	676 CERTIFICA	TE OF DEATH	REG. NO.	68-2676
	TH NO.	GERTII 167		t t	
	ame of Deceased ST earge ST	vehler	2. DATE AN	3 6 68	545 PM
3. P	PLACE IN BALTIMORE, MANILAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When		tution: residence before admission)
FUI	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Mary Land	- / Lakelon	COV. 16-02
INS	Mercy Ho	8 p.	Ballemor	D. INSIDE	YES NO
-			E. STREET AND NUMBER	akewood	Ave.
5. S	EX 6. RACE 7. ALADD	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	M Caucasian WIDOV	VED DIVORCED	6/18/1912	lost birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINI during may of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BURTHELACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	re Tightes		Battemore	, MD.	U.S.A.
13. [FATHER NAME		14. MOTHER'S MAIDEN NAM	NE C	
	Hudrew Muckler		trances	Dexel.	
15. V (Yes	Was Deceased Ever in U. S. Armed Forces? i, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	212-01-3990	Bertha Stuel	rler 16 N.La	
	18. / 5 7. 9	CAUSE OF DEATH	H	1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		0	11 /2	= =
	LEADING TO DEATH	(A) IMMEDIATE CAU		ca of fun	ercen e
	(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	1-1-	months
	injury at complication which coused death.)		The	casiases	me mi
	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if any, gi- risa to the obove cause (A) stating	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(C)		******	
	157 X 11				
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				4 4 4 4 4 6 6 6 6
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	√AL			
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FIN	IDINGS CONSIDERED
ERT	21A ACCIDENT WAS UNDERLYING	1218 NI ACE OF INITION (1	MAN DID	no	0
AL C	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., thijury OCCUR?	(if in boitimore	City, give exoct location)
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY	While At Not White			
	(APPROX.)	Work At Work	H	10	1 ()
		1.1 1 1.6	1000 1	19 9 to M	arch 6 19 60.
	22. I certify that (1) (this hospital) attend		10		
	22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased alive	116.0161	6 19 68, ond th		an deoth occurred on the dote
	that (1) (we) lost saw the deceased alive	on Marchy			an deoth occurred on the dote
		on Marchy			3B. DATE SONED
	that (1) (we) lost saw the deceased allve ond haur and from the couses stated above	on Marchy e. (1) (We) (did) (did not) v	riew the bady ofter death.	ot in (my) (our) op nl	an deoth occurred on the dote
	that (1) (we) lost saw the deceased alive ond haur and from the couses stated above 23A. SIGNATURE Lean M. Markettan's	on Marchy e. (1) (We) (did) (did not) v and, Mogare Phys	riew the bady ofter death.	ot in (my (our) opini	3B. DATE SONED
	that (1) (we) lost saw the deceased allve ond haur and from the couses stated above	on Marchy e. (1) (We) (did) (did not) v and, Mogare Phys	ending Med.	ot in (my) (our) op nl	3B. DATE SONED
	that (1) (we) lost saw the deceased alive ond haur and from the couses stated above 23A. SIGNATURE LEAN M. HARS NAME (Type) EAN M.	on Marchy e. (1) (We) (did) (did not) v Ene , M Dacaree Phys THORNE accree	riew the bady ofter death. Inding Med. Director 23D. ADDRESS	ot in (my) (our) opin! Shoff Phys.	3, 6, 6 8.
	that (1) (we) lost saw the deceased alive ond haur and from the couses stated above 23A. SIGNATURE Lean M. Markettan's	on Marchy e. (1) (We) (did) (did not) v and, Mogare Phys	miding Med. Director 23D. ADDRESS EMATORY 24D. Let	Shoff Phys. (City,	38, DATE SIGNED 68.
	that (1) (we) lost saw the deceased alive ond haur and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (1ype) A BURIAL CREMATION, [24B. DATE 24	on Marchy e. (1) (We) (did) (did not) v Attemption Physical Attention THORNE GEORGE C. NAME of CEMETERY of CRE	iew the bady ofter death. Inding Med. Director 23D. ADDRESS EMATORY 24D. Li	Shoff Phys. Carlon (City, Baltimore, Mc	3 6 6 8. town, or county) (Stote) anyland
24A	that (1) (we) lost saw the deceased alive ond haur and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) Burial 3/9/68 A. DATE REC'D BY HEALTH DEPT. 258, NAME	on Marchy e. (1) (We) (did) (did not) v Attended to the physical property of CRE C. NAME of CEMETERY OF CRE HOLD ROMANY COMPONENTS THAT	miding Med. Director 23D. ADDRESS EMATORY 24D. Limits Address Director 24D. Limits Director 24D. Limi	Shoff Phys. De City, Baltimore, Mo	38, DATE SIGNED 68.
24A	that (1) (we) lost saw the deceased alive ond haur and from the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial A. DATE REC'D BY HEALTH DEPT. 258, NAME	on Marchy e. (1) (We) (did) (did not) v Attemption Physical Attention THORNE GEORGE C. NAME of CEMETERY of CRE	iew the bady ofter death. Inding Med. Director 23D. ADDRESS EMATORY 24D. Li	Shoff Phys. De City, Baltimore, Mo	3 6 6 8. town, or county) (Stote) anyland



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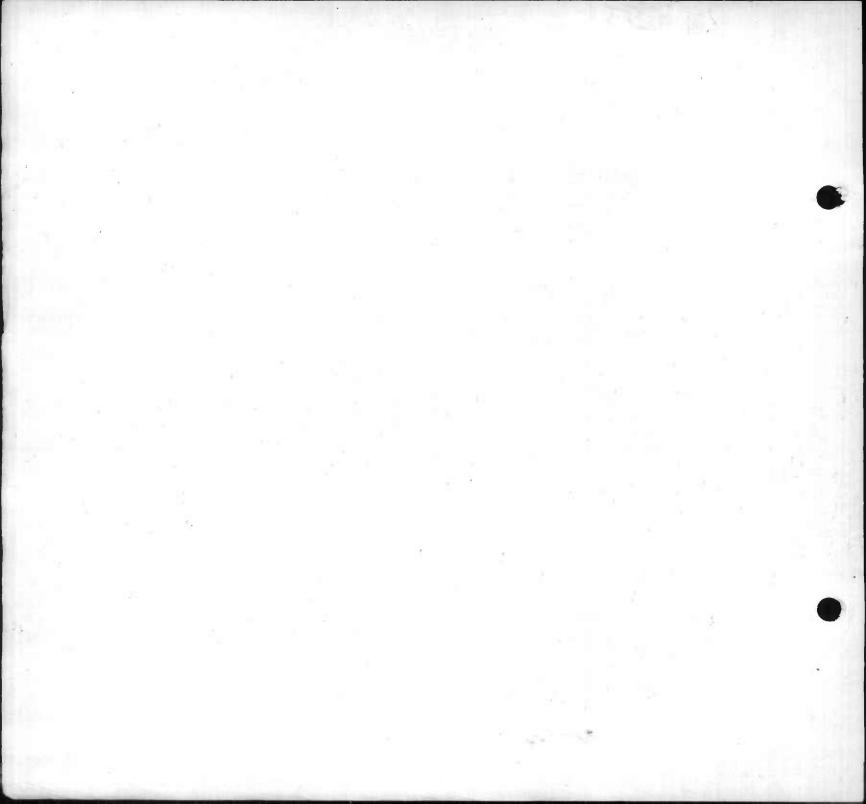
		HEALTH DEPARTMENT 68- 2677			
9	68- 2677 CERTIFICA	TE OF DEATH REG. NO.			
1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH () 1.150 M			
3	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. of institution: residence before admission) A. STATE, B. COUNTY			
11.1	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. WSIDE CITY LIMITS? YES NO			
12	SINAI HOSPITAL	E. STREET AND NUMBER 1520 School Street			
5	6. RAGE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 4-6-83 If Under 1 Yr. If Under 24 Hrs. Months Doys Min,			
	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT COUNTRY?			
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
1 ('	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
	1B. CAUSE OF DEATH	Mrytle Lewis 1821 Riggs Avenue			
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Diality Diality			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in form, foctory, street, of DEATH (notify medical examiner)	n or about 21 C. WHERE DID (If In Boltimore City, give exact location) injury occur?			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work At Work				
	19 6 to 3 19 0 19 0 19 0 19 0 19 0 19 0 19 0 19				
	ond hour ond from the couses stoted above. (I) (We) (did) (did not) v	238, DATE SIGNED			
	23C. PHYSICIAN'S NAME (Type) A S G LUSHAXUU DEGREE	23D. ADDRESS			
2	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)			
2	Burial 3-9-68 Arbutus em.	Pk. Arbutus Maryland 25C. FUNERAL DIRECTOR ADDRESS			
	MAN O 1968 Polent E. Farfuna	Kelson Funeral Home 1348 Calhoun St.			

Calhoun St.

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	CG 00	BALTIMORE CITY	HEALTH DEPARTMENT	68	3- 2678
RID	J-525 68-26	CERTIFICA	TE OF DEATH	REG. NO	20
1. N	IAME OF DECEASED	7	2. DATE AN	D HOUR OF DEATH	12 3/
	DATELY PROY	JOHNSON	A LICITAL BESIDENCE (When	3-3-68	ion; residence befare admission)
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN		ion; residence belate domission/
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN A	D. INSIDE C	CITY LIMITS (- C)
IN:	ha 1/	10,70	Toolto		S 🛭 🖟 🗆
	37 Mercy Ho	SPITAL	E. STREET AND NUMBER	1 7	4-11
5. 5	EX 6. RACE 7. AAADD		B. DATE OF BIRTH	AGE (In years) If	Under 1 Yr. If Under 24 Hrs.
3. 3	MALE NEGRO WIDOW	IED NEVER MARRIED DIVORCED		ast birthdoy) Ma	Under 1 Yr. If Under 24 Hrs. Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B. KINE		11, BIRTHPLACE (State or fareig	gn country) 12	CITIZEN OF WHAT COUNTRY?
dan	e during mast of warking lite, even if retired)		BALto-M	nd.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE (A)	~
	LARRY JASper	Sohnson	Shirley	MAR S	cott
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give war ar dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	18.7720 4-090.1	CAUSE OF DEAT	1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The state of the s	. Subrainde	march	7
	(This does not meon the mode of dying, hearl failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	(Allhoe)	
	injury or complication which coused death.)	030,	Tren	and the same	
	ANTECEDENT CAUSES	(B)			
	rise to the obove couse (A) stoling	ring DUETO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION losi.	(c)			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	VG D Annil	On Course As	Openlil.	
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).		u ativitu	e segrance	
TFICA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OFERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
CERTIF	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n ar about 21 C. WHERE DID	(If in Baltimore Cit	y, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	hame, farm, factory, street, of	fice bldg., INJURY OCCUR?		
EDIC	21D. TIME (Manth) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
×	(APPROX.)	While At At Wark			,
	22. I certify that (I) (this hospital) ottend			9 6/ 10 3	13 19 68
	that (1) (we) last sow the deceased alive	. 4/2	196/ and the	ot in (my) (aur) apinian	death occurred on the date
	and hour and from the causes stoted obov	e. (I) (We) (did) (did not) v	iew the bady ofter death.		
	23A. SIGNATURE	1 DAM DAM	nding Med.	Shaff [3. DATE SIGNED
	really k, golla	DEGREE Phy	s. Director	Phys.) 5 00
	23C. PHYSICIAN'S NAME (Type)	Tues to he h	23D. ANATOMY I	SUAKU UF M	IAKYLAND
24/	ROBERT R. HOL	C. NAME of CEMETERY OF CRI	MATORNIVER SIDE	CATION DIC (CIV. 10	wit (ar count)) (State)
24.	REMOVAL (Specify) 3/5/65	C. MANIE OF CENTEREN OF CH	ONIVER DITT	CASTEDICATE.	
25/	A. DATE REC'D BY HEALTH DEPT. 258, NA	AE, OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	MAR 8 1968 Robert E.	Farber, M.A.	MORTUAR	Y SERVICE	BCHD
VS	150-REV. 1/1/6B		-		



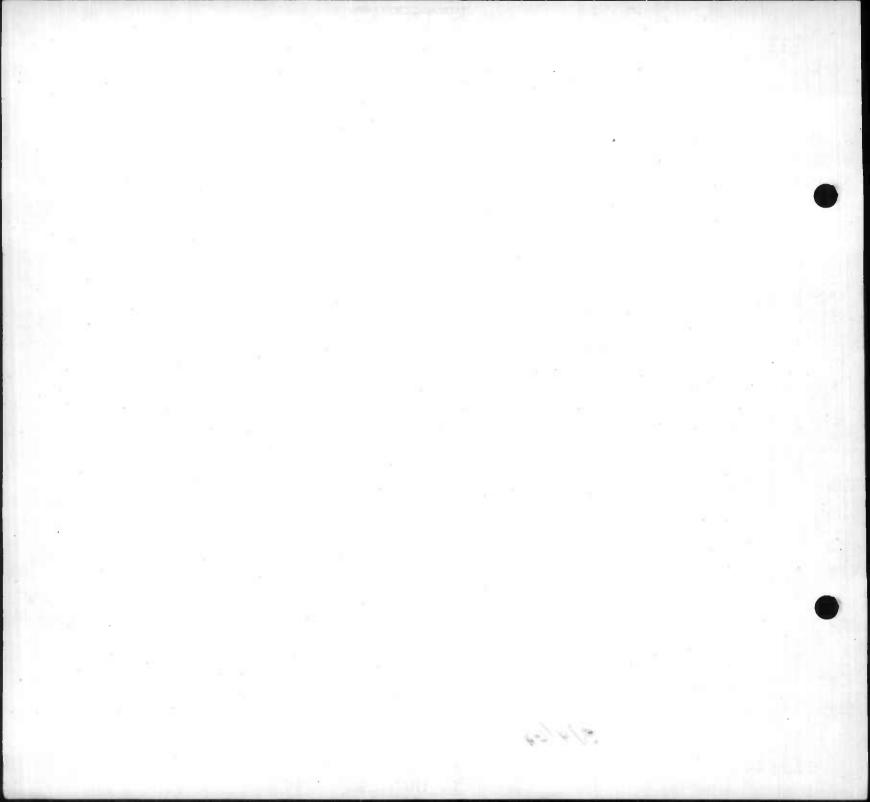
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

2010		BALTIMORE CITY	HEALTH	DEPARTMENT	1/	68- 9020 -
BIRTH NO. 68-03377	68- 26	79 CERTIFICA	TE C		REG. NO	68-2679 -
(Type or Print)	TER	BABY BOY		2. DATE AND	Feb 1968	0.15 A. M.
3. PLACE IN BALTIMORE, MARYLA		STITUTION, GIVE STREET	A. STAT	RESIDENCE (Where B. COUNT)	deceased lived. If in Y	stitution: residence before admission)
INSTITUTION			B	OR TOWN ALTIMORE	Co, D. INSI	YES NO Y
5 CHURCH HON	IE HIVD	HOSPITISE	E. STRE	724 C	NMAR	Ro #20
5. SEX M 6. RACE	7- MARRI WIDOW				AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind done during most of working life, even if		OF BUSINESS OR INDUSTRY	1). BIRT	BALTIMON		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	K). TTER	14. MOI	HER'S MAIDEN NAM	JOANN	WOLINSKÍ
15. Was Deceased Ever in U. S. Ar (Yes, no ar unknown) (If yes, give wo	med Forces? r or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS
18.777		CAUSE OF DEAT	H			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVE	e (A) sloting lost. INS CONTRIBUTING THE TERMIN N IN PART 1 (A).	(c)		AUTOPSY? (Yes or No)	20R. IF YES WEDE	EINDINGS CONSIDERED
W W	AS PERFORMED			yes	IN CERTIFYING CA	
OR CONTRIBUTING CAUSE DEATH Inotify medical examine	OF _	21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, o etc.)	n or obou ffice bldg.	21 C. WHERE DID INJURY OCCUR?	(If In Boltimor	re City, give exact location)
21D. TIME (Month) (Doy) OF INJURY (APPROX.)	(Year) fHour)	21 E. INJURY OCCURRED While At Not While Work Not Work	e 🔲	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this h				19		19
					t in(my) (aur) apl	nian death accurred an the date
and have and from the caus	A Stored above	e. (i) (me) (did) (did nat) \	riew the	body after death.		23B. DATE SIGNED
(H	Nedu	Atte	ending S	Med. Director D	hys.	
23C. PHYSICIAN'S NAME (Type)	HELDRIC	H M.D.	ANA	ATOMY BO	ARD OF A	AARYLAND
24A. BURIAL CREMATION, 24B. E REMOVAL (Specify)	129/68 240	C. NAME of CEMETERY OF CR	JUP	INS HOPK	CATION MEDIC	ity, nown, of county OOL (State)
MAR 8 1968 PL		ME OF REGISTRAR	250	UKTUAKY	SERVICE	BCHD BCHD
VS 150-PEV 1/1/68						

2-24-1968 **BPLTINICKE** Replayeria was a to we Special and all and F. J. HELDIRICH M. P.

19/5/12

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH hospital and use of death (5) Deceased Such 2. DATE AND HOUR OF DEATH I NAME OF DECEASED (Type or Print) BABY uo FUAL)S hospital death. 4. USUAL RESIDENCE (Where deceased fixed, If institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE attendance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION cause C. CITY OR TOWN (4) Undetermined cause; 10 Bolto NO prior ITHERAN HOSPITAL STREET AND NUMBER contributing Clainore occurred disposition is made. regular 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. If Under 24 Hrs. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased 27 Hours WIDOWED DIVORCED 19RO 10A USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) 80 the 13. FATHER'S NAME direct istine Anderson EVANS 3 death uo ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dving, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, ular injury or complication which caused death.) em ANTECEDENT CAUSES who 6 DUE TO, OR AS A CONSEQUENCE OF are in re 4 DISEASES OR CONDITIONS, if any, giving lhe obove cause (A) stating the (3) physician before the remains UNDERLYING CONDITION Inst. Was medical any nature; (2) Body burns; 6 X CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) chief 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the where 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) to the hospital °Z DEATH (notify medical examiner) etc.) MEDIC obtained 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While certificate must be approved (except While At (APPROX.) and Work At Work 22. I certify that (I) (this haspital) attended the deceased fram. ... and that in (my) (aur) aplnian death accurred an the date pe o hospital death) the body was released and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending [Staff 0 written approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at An ď shows: (1) 24A. BURIAL CREMATION, deceased 0.0 REMOVAL (Specify) Was 25B. NAME OF REGISTRAR FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 68- 2681 REG. NO CERTIFICATE OF DEATH Such (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) March 0 1968 a hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A, STATE B, COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? cause; 40 HOME + HOSPITAL BALTIMOR NO X YES prior E. STREET AND NUMBER contributing occurred AVENDE EXAS (4) Undetermined is made. regular 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Ys. Months: Days 6. RACE If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours deceased last birthdoy FEB. 28, 1968 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) 10 Mas the 13. FATHER'S NAME MAIDEN NAME direct WHITE JAMES YIRGINIA WILKINSON assistant death kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL SECURITY NO. 17. INFORMANT 0 final (Yes, no or unknown) (If yes, give wor or dotes of service) attendance MOTHER NO any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 18. 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY So, balmed of hrs 20 min LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. Il meons the disease, gular examiner. injury or complication which coused death,) E ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF are 4 DISEASES OR CONDITIONS, if ony, giving 3 the obove couse (A) stoling the = physician UNDERLYING CONDITION lost. the remains medical Was medical (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital MEDICAL ° DEATH (notify medical examine) etc. any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 9 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY approved (except While At Not While (APPROX.) and Work Al Work to the 22. I certify that (4) (this hospital) attended the deceased fram 19.68 death); that (I) (we) last sow the deceased alive an be ond that in (my) (aur) aplaian death accurred an the date of hospital and haur and fram the couses stoted obove. (1) (We) (did) (did not) view the body after death, was released must accident 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. 5taff Director 0 Phys. approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior certificate at An 24A. BURIAY CREMATION, ¥ shows: (1) deceased D.0 the body REMOVAL (Specify) written SDM 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 1968 VS 150-REV. 1/1/6B

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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must releas iccide	a hos
This certificate must be the body was released shows: (1) An accident o	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
body ws: (1	ceased itten
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		BALTIMORE CITY	HEALTH DEPARTMENT		68- 2682
1)-250 68-	2682 CERTIFICA	TE OF DEATH	REG. NO	00 4004
BIRTH		CENTITICA			
	ME OF DECEASED or Print)		2. DATE AN	D HOUR OF DEATH	
2 81	Mary France	as Dyson	2-28-1	68	nstitution; residence before admission)
J. PL	ACE IN BALLIMORE, MARILAND, WHER	E PRONOUNCED DEAD	A. STATE B. COUN	TY	nstitution: residence delore damission/
FULL	NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	Marylan	d	101
INST	TUTION ADDRESS OR LOCATIO	N)	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS
	Provident Hospital		Baltimo	re	YES X
17	1514 Division Street	t	E. STREET AND NUMBER		
1	Baltimore, Maryland		538 Moo:	re Street	
5. SE	6. RACE 7.	MARRIED NEVER MARRIED		9. AGE (In years	It Under 1 Yr. It Under 24 Hrs. Months: Doys Hours Min.
F	emale Negro w	DIVORCED DIVORCED	7-12-31	38	
10A. L	ISUAL OCCUPATION (Give kind of work 10B	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY
	luring most of working life, even it retired)		*** * *		
	mester Worker		Virginia 14. MOTHER'S MAIDEN NAM	AP	U. S. A.
13. [7	THER 3 NAME		14. MOTHER 3 MAIDEN NAM	VIE.	
15. W (Yes, r	as Deceased Ever in U.S. Armed Forces? to or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	8.4000	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT	TLY		0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	" (I rebron	A wo	nheel
	This does not mean the mode of dyi	ng, e.g., DUF TO, OR AS	A CONSEQUENCE OF:	,	/
	neart failure, asthenio, etc. It meons the njury or complication which caused dec		1 . /	[/	,
	ANTECEDENT CAUSES	on the	hymant	pyper	lengon
	DISEASES OR CONDITIONS, if any	(B)	A CONSEQUENCE OF:		
	ise to the obove couse (A) sta	9 9		10	
1	INDERLYING CONDITION last.	(c)			
	445X 11				
0	OTHER SIGNIFICANT CONDITIONS CONTR O THE DEATH BUT NOT RELATED TO THE T				
1 X D	ISEASE OR CONDITION GIVEN IN PART 1	(A).			***************************************
E	9A. DATE OF OPERATION 198. CONDITI		20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
ER	7				
1 4	A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)
U	DEATH (notify medical examiner)	etc.)			
	1D.TIME (Month) (Doy) (Year) (F	lour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	APPROX.)	While At Not While At Work			
	0 1			2 2	8-68
	2. I certify that (1) (this hospital) at				
1	hot (I) (we) lost sow the deceased o	live on 2-20-00		at in (my) (our) ap	inion deoth occurred on the date
0	nd haur ond from the causes stoted	above. (1) (We) (did) (did not) v	few the body ofter deoth.		
2	3A. SIGNATURE				23 B. DATE SIGNED
	Vomes	Phys	ending Med. Director	Staff Phys.	
2	C.PHYSICIAN'S	DEGREE	23D. ADDRESS		
	Dr. Larede		1514 Div	ision Stree	t
244	BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY PE CRI	A TEXABLE WE AREA A 134	3 6 1 E- SE A E-	Bith, lowing of county) (State)
1	REMOVAL (Specify) 3/5/69	2			
1	0/0/0)	TOE	TAIC BEODEFRAIC	BEFFERE	CCHOOL

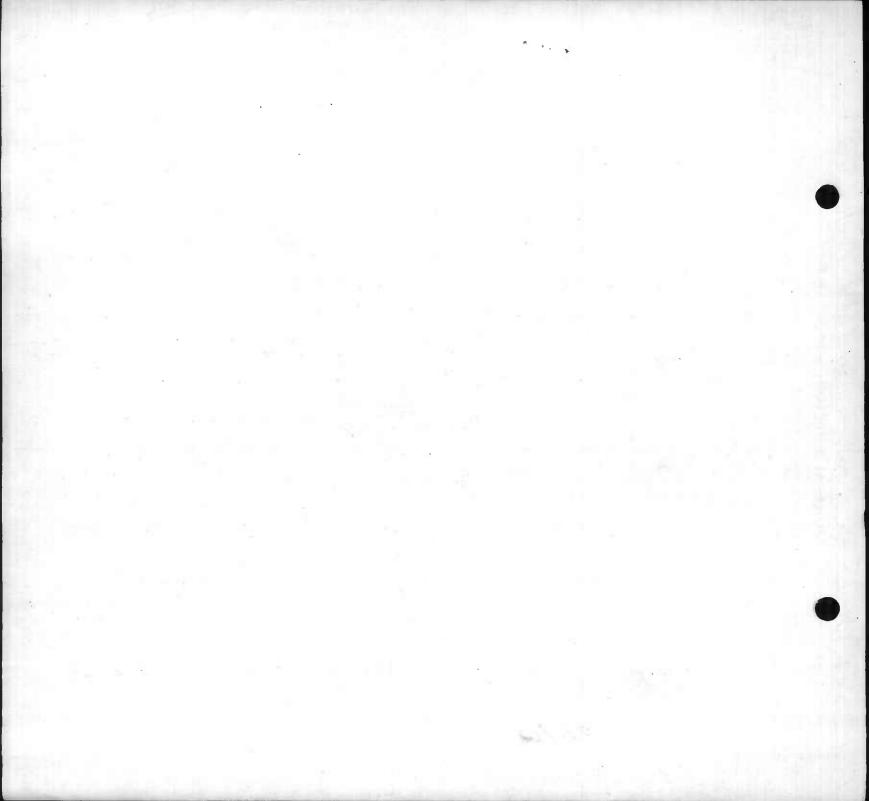
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMB OF REGISTRAR 25C. FUNERAL VS 150-REV. 1/1/6B

MORIUARY SERVICE - BCHD

audust har to you in the purpose 37/2/6

CERTIFICATE OF DEATH Deceased death BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) O hospital death. of USUAL RESIDENCE (Where deceased 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STAJE (2) cause HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS attend canse; 9 prior E. STREET AND NUMBER contributing etermined is made regular 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours i Min. If Under 1 Yr. NEVER MARRIED eceased lost birthdoy Months Doys Hours WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eath 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 1.6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance any CAUSE OF DEATH 9 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of embai heart foilure, osthenio, etc. It means the disease, gular injury or complication which coused deale ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if on giving lise to the above couse (A) suiting the UNDERLYING CONDITION lost, remains Mas 20 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF o Z DEATH (notify medical examined 0 "808 St Pave St. (Hour) NURSING L obtained 21 D. TIME OF INJURY (Doy) (Year) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED 9 Not White 2-28-68 AM. While At (APPROX.) At Work and any 22. I certify that (I) (this haspital) attended the deceased fram 28 that (1) (we) lost saw the deceased alive an... 6. and that in(my) (aur) apinian death accurred an the date hospital death) and haur and fram the causes stated abave. (1) (We) 🚛 (did nat) view the bady after death. must 23B. DATE SIGNED Attending Med. Staff 0 Phys. approval Director Phys. 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR eceased D.0. REMOVAL (Specify) shows: Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIAECTOR

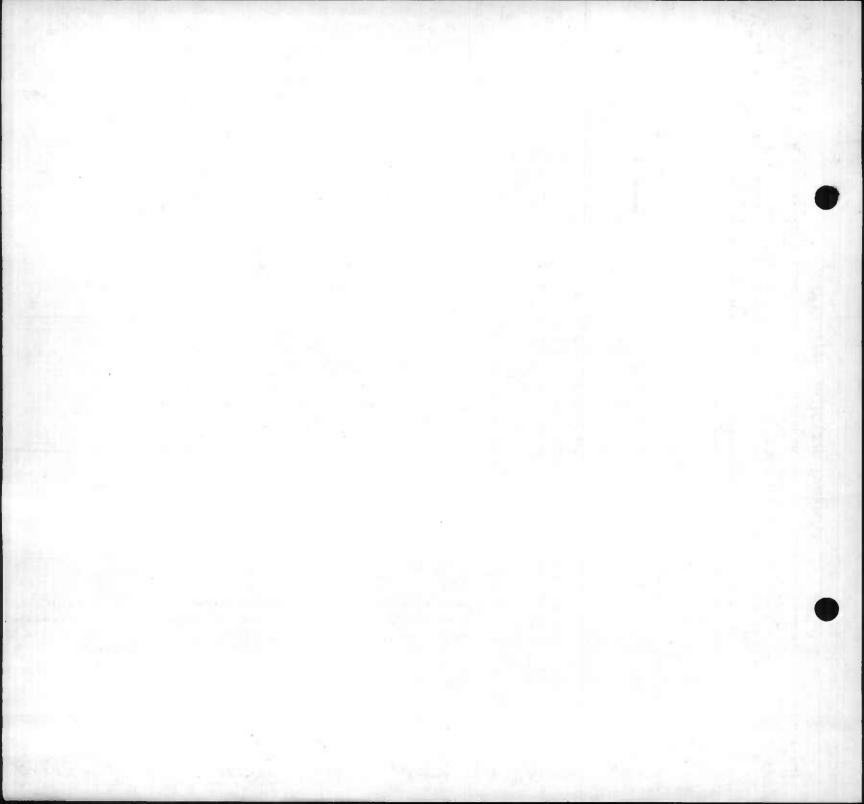
BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner.

VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	68-	2685

the	BIR	RTH NO.
the		NAME OF DECEASED 2. DATE AND HOUR OF DEATH The or Print) 2. DATE AND HOUR OF DEATH
- 0		Iquline to DRAGSHAW VIEBOR 3-6-68 9 7 M.
eath	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
de	FU	JUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET
attendance ior to deat	IN:	OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
9	P/	Y YES NO YES NO
-	3/	Mercy Hospital. 125 N. LAKEWOOD Ave.
0 0	S. 9	SEY 6 9ACE 17
		WIDOWED DIVORCED 8-23-1940 lost birthdoy) Months Doys Hours Min.
		A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dec	don	HSSEMBLER WESTING HOUSE MARYLAND U.S.A.
e e	13.	FATHER'S NAME / 14. MOTHER'S MAIDEN NAME
h was in in the dec		Edward D. Siebor Sr. Catherine Reynolds
	15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
nce o	(Ye:	SECURITY NO. 22036 7450 Mrs. Catherine Siebor - 215 N. Port St.
		18. S 6 0 9 1 CAUSE OF DEATH
end o b		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
att		(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE TO SEQUENCE OF:
0 - 0		heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
3 E		ANTECEDENT CAUSES
reg e e		DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF
> = 5		rise to the above couse (A) stating the
		UNDERLYING CONDITION lost. (C) I Mussal elleum Meseetten
hysicia ın was remain	Z	0 70 15 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
an re	ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
e the phyphysician ore the re	ERTIFIC,	199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200A. AUTOPSY? (es or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
th Tre	ERT	170 319/4 S. basel abstructure 10
-	J.	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
No do	ICAL	
(6) r	MEDI	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not White
d d	~	(APPROX.)
and obtai		22. I certify that (1) (this haspital) attended the deceased fram 19 to 19,
11 (c		that (1) (we) last sow the deceased alive on 9 am 3/6/80 and that in(my) (our) opinion death accurred on the date
ita ath st b		and hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.
hospito o death i must l		23A. SIGNATURE 23B. DATE SIGNED
		Attending Med. Staff Staff
at a ior		23C. PHYSICIAN'S NAME (Type)
A. at prio		Abbas KAHITI M. DEGREE Merry Hospital
o de	244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
D.O.	1	BURIAL 3-9-68 HOLY REDERMER CEM BALTO, MO.
was D.O.A. at a deceased prior written approv	25/	MAR 8 1968 Property September 258. NAME OF HEGISTAR 255C. FUNTELAD DIRECTOR STATES OF LANGUAGES STATES OF
3 ₽ 3		MAR 8 1968 Pelest E. Jakon Hartley Miller - 2334 Jefferson St

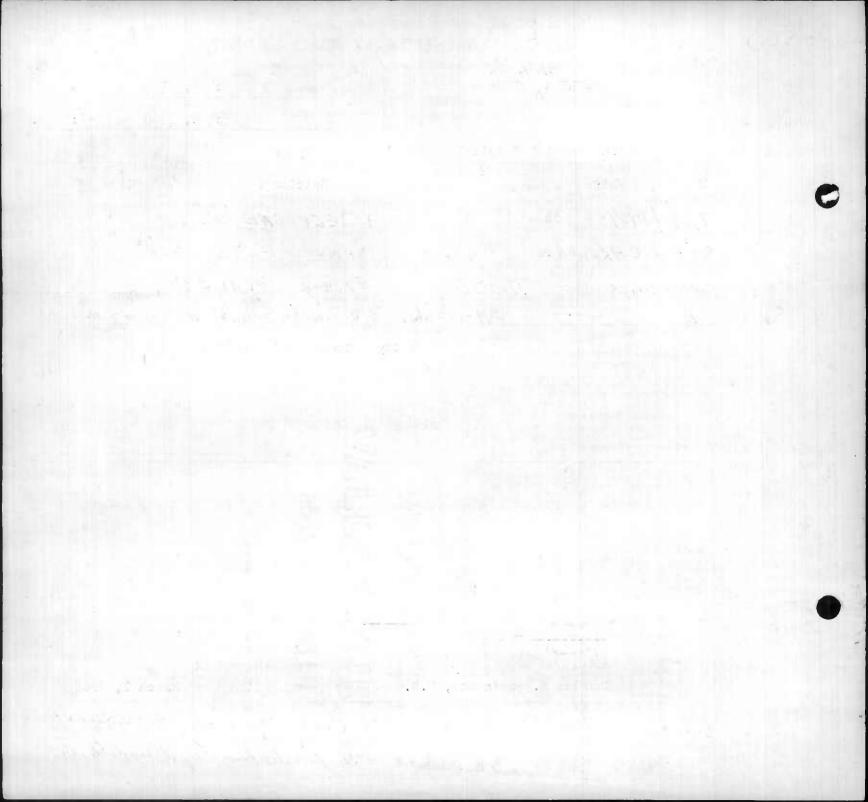
72 44 X and the little of the same The state - 2554 - 3554 P-500

68- 2686 BALTIMORE CITY HEALTH DEPARTMENT

68- 268	00
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BIRTH NO.	ERTIFICATE OF DEATH REG. NO.
Type or Print) PAULINE PINE	2. DATE Known Month Day Year Hour OF Estimoted March 6, 1968
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD March 6, 1968 8:28 P. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
	A. STATE Maryland B. COUNTY
S. SEX 7. RACE 8. MARRIED NEVER MARRIED Memale White WIDOWED DIVORCED	C. CITY OR TOWN Baltimore Baltimore Baltimore
	E. STREET AND NUMBER 1 DEEPDENE ROND
1). BIRTHPLACE (State or fareign country) SOUTH CAROLINA 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	SAMUEL F. HARDIN
JOSE VISOR 6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no of unknown) (If yes, give war or dotes of service) 17. SOCIAL SECURITY NO.	EMILIE CONLBY 18. INFORMANT ADDRESS C.D. PINE (HUSBAND) AS IN #5 ABOVE
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	y metamorphosis of liver
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No.) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, office UTING CAUSE OF DEATH.	
OF INJURY (APPROX.) WHILE AT NOT WORK AT WO	WHILE ORK
I certify that I held on Inquiry Inspection Autresulted from: Natural causes Accident Suicide SIGNATURE EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ond that on this basis, death In my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER March 7, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CHIPS. BURIAL 3/11/68 CHIPS.	OF CREMATORY 24D. LOCATION (City, town, or county) (State). CHESTER, S. CAROLINA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	W. Brooks Beadley Durloth, Myd.

VS 151-REV. 1/1/68

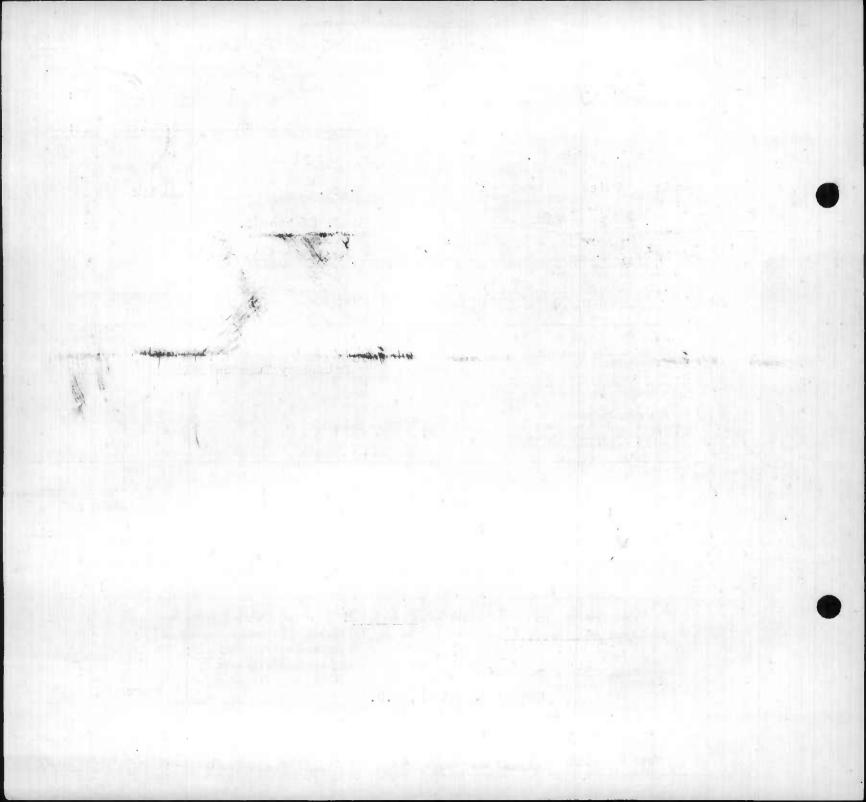


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68- 2687 BALTIMORE CITY HEALTH DEPARTMENT

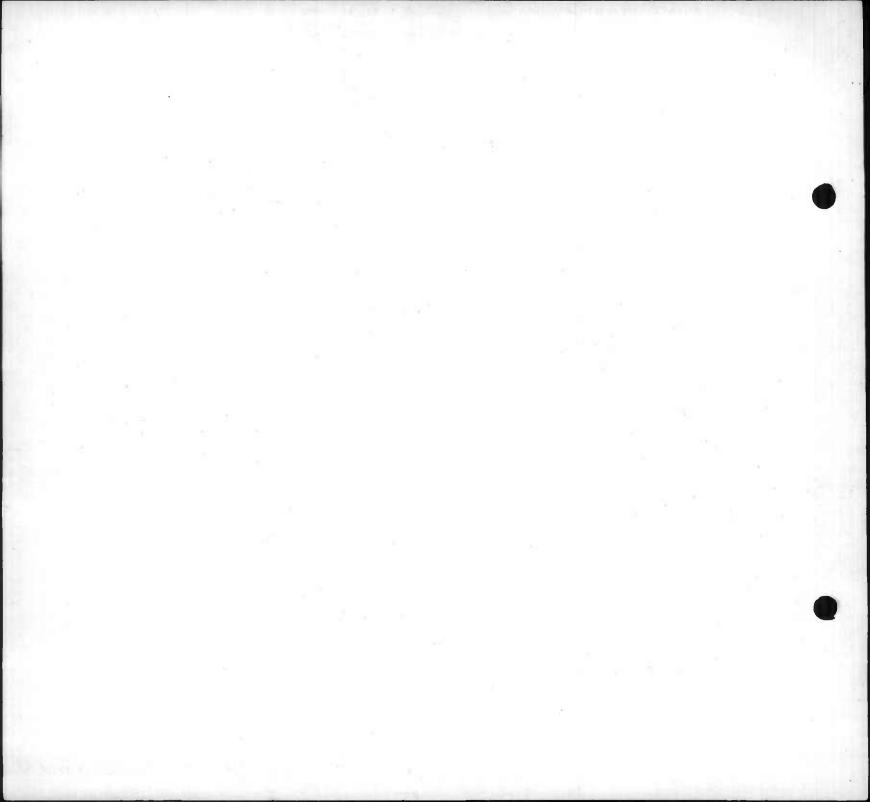
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL		CENTILICATE	OI DEATH.

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 68- 2687
1. NAME OF DECEASED	2. DATE Known X Month Doy Yeor Hour
(Type or Print) VIOLET JOHNSON	OF Estimated 17
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3 DATE 3 DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	March 5, 1968 11:00 pM
OR INSTITUTION .	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
36 S. Parkin St.	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. IN SDE CITY LIMITS?
	1 X 7 7 7
Female White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	Balto. YES NO STREET AND NUMBER
lost birthday) Months, Doys, Hours, Min.	E. SIRELI AND NOMBER
1/19/1923 42	36 S. Parkin St.
11. BIRTAPLACE (Stole or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Lonaconing Md. WHAT COUNTRY?	6 harles nine
14A. USUAL OCCUPATION (Greekind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
House working lifeever itretired) at Horne	and P
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	1B. INFORMANT A ADDRESS A
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS bove
	mess parbara tomson
CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Pulmonary Tuberculosis
(This does not mean the mode of dying, e.g., DIFTO OR A	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	20000000 P00000 0 004 00 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
CC)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	Dorti of
	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
S OUNDERCHING TOK COLANIE	e bldg., etc.) INJURY OCCUR?
☐ UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE C
(AFPROX.) m. WORK AT W	VORK
23.	T
I certify that I held on Inquiry Inspection P Au	ond that on this basis, deoth in my opinion
resulted from: Natural couses Accident Suicid	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL DA MINISTER	AS SISTANT MEDICAL EXAMINER X
SIGNATURE M.D	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER March 6, 1968
NAME (Type) Edward F. Wilson, M.	, D ,
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Amin 2/9/68 James There	Cometers her her
25 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 8 1968 (10 to 2 Fallson)	10 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .
TOO HE TO THE PARTY OF THE PART	Toland Cowandon Inc. Holling St.
VS 151-REV. 1/1/6B	
	23 ml



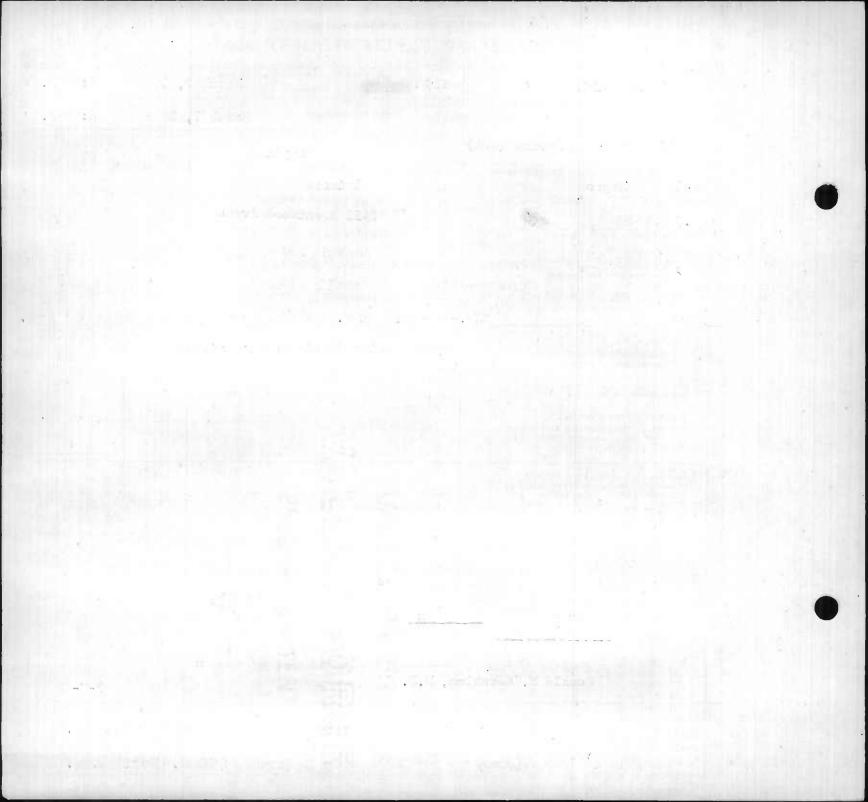
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

		68- 2688	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2688
Ш		T)	CERTIFICA	TE OF DEATH	REG. NO.	00 2000
111	IRTH N	O. DECEASED			HOUR OF DEATH	
	Type or		SBITT	3/9/	68	900 AM
	. PLAC	E IN BALTIMORE, MARYLAND, WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Where of A. STATE B. COUNTY		stitution: residence before admission)
1	ELLI N	IAME OF (IF NOT IN HOSPITAL OR INSTITU	ITION CIVE STREET	MD.	BALTIH	ORE CITY
- 113	HOSPITA NSTITU	AL OR ADDRESS OR LOCATION)	JIION, GIVE SIKEEI	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	-			BALTIMORG	-	YES NO
1	JOH	asoft saidly and	ITAL	E. STREET AND NUMBER		2 5 A.L.
				1720 KL	LT LAN	DAVE
5	· SEX	6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	1	V WIDOWED	DIVORCED	12/24/52	15	
		JAL OCCUPATION (Give kind of work 108, KIND OF ing most of working lite, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	-40	none		Maryland		USA
Ī	3. FATH	HER'S NAME		14. MOTHER'S MAIDEN NAME		
	1	IMOTHY NESBIT		Elizabeth !	Esster	
Ī	5. Wos	Deceased Ever in U. S. Armed Forces? or unknown) (If yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
! `	3/	or drikinowin, till yes, give war or doles or service,	Vone	J.H.H. Chart		
	18.	5451	CAUSE OF DEATH			APPROXIMATE INTERVAL
	1	343, I DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
		LEADING TO DEATH	(A)IMMEDIATE CAU	E Pneumono	a	40 days
		is does nat mean the mode of dying, e.g., ort failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE OF:		
	inju	ury ar complication which caused death.)				A 242
5		ANTECEDENT CAUSES	(B)			
		SEASES OR CONDITIONS, if any, giving to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	/_) !=
		IDERLYING CONDITION lost.	(c) Cere	bral Palsy	(Sever	2) 15 yrs
	3	5-1X II		0		
	OTH	HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL				
	DISE	EASE OR CONDITION GIVEN IN PART 1 (A). DATE OF OPERATION 198 CONDITION FOR 1	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	OOR IF YES WEDE I	INDINGS CONSIDERED
	ERTIFIC 18V	WAS PERFORMED		Vac	N CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
5	U 21 A	ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	e City, give exoct lacation)
0	V DEA	CONTRIBUTING CAUSE OF ATH (notify medical examiner)		ice bldg., INJURY OCCUR?		10 _ 6 - 6
3	O 21D		INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	₩ OF	INJURY Wh	ile At Not While		2020-0079-	100
		wa		1 1 1		3/0/18
3		I certify that (I) (this haspital) attended t	he deceased fram	2/15/196		3 / 1968.
3		t (I) (we) last saw the deceased alive an			in(my) (aur) apii	nian death accurred an the date
		I haur ond from the causes stated obove. (I) (We) (did) (did nat) v	iew the body after deoth.		
	23A.	SIGNATURE	L/T Athe	nding	# 🗆	23 B, DATE SIGNED
3	5	Monekuall	Phys	. Director Ph	ys.	3/9/68
5	23 C.	NAME (Type)	117	3D. ADDRESS	10	.,/0
2	W	VILLIAM E. BUCKNAL	L DEGREE	Johns Hopk	us floo	portal
3	REAL BU	MOVAL (Specify)	AME of CEMETERY OF CRE		1	ly, town, or caunity) (State)
	BI	3-13-68 M	t. Auburn C	em, Bol	to. Md.	
	25A. DA		OF REGISTRAR	25C. FUNERAL DIRECTOR	11111	Oncom Al Alla
		MAR 11 1968 Of Cal	J. E. Jangaine	WM.C.M	MRCH	928 E. North An
1	/S 150-	REV. 1/1/68				



68-2689 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

BII	RTH NO.											REO, IVC				
1. (Ty	NAME OF DEC	EASED NATHAN IE	L			HIC	KS III	2. DATE	Known Estimo	led 🔲	Month Marc	h 7, 1	968 ^{Ye}	6:00	P. M.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE			Month	Doy		ear Hour					
HO	LL NAME OF SPITAL INSTITUTION	(IF NOT ADDRES	S OR LOCA	LORINS	10ITUTIT	N, GIVE STREE	ĬΤ		PRONOUNCED DEAD March 7, 1968 6:00 P.							
6	2451	Brentwo	od Av	enue	(DOA	1)		A. STATE	A. STATE Maryland B. COUNTY							
6. SEX 7. RACE B. MARRIED NEVER MARRIED				C. CITY OF	TOWN			D. INSIDE	CITY LIM	ITS?	4000					
Male Negro WIDOWED DIVORCED				Balti					YES 🗌	NO 🗆						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Nov. 16, 1931 36				E. STREET			Avenue									
tt. BIRTHPLACE(State or foreign country) t2. CITIZEN OF				13. FATHER	'S NAME											
South Carolina WHAT COUNTRY?				Jose	ph Jo	ohns	on									
144	USUAL OCCU	PATION (Give	kind of work	14B. KINI	OF BU	ISINESS OR	INDUSTRY	Y 15. MOTHE	R'S MAID	EN NA	ME			X		
	Laborer		n intellieu):	Con	str	uction	a	Este	11 H:	icks	3					
	WAS DECEAS					7. SOCIAL SECURITY	(NO	18. INFOR	TUAN	1,11		14	ADDRES	S		
1,6	No	Mili yes, give wo	or or doles	OI 261A1C				Mrs.	Este	211	Hicks	2451	Bre	ntwood	Ave	
	19.	0					OF DEA							APPROXIMATE I	NTERVAL	
	DISEAS	E OR CONDIT	ION DIRE	CTLY		Нур	erter	sive C	ardiov	rascu	ılar Di	sease				
		LEADING TO					MEDIATE C									
	heort foilure	ot meon the n , osthenio, etc. I nplication which	It meons the	diseose,		DU	E TO, OR	AS A CONSEC	UENCE OF							
		NTECEDENT C OR CONDITIO		GIVING		(B)	E TO, OR	AS A CONSE	QUENCE C)F:						
	RISE TO TH	E ABOVE CAU	SE (A) STA	TING THE												
20	ONDEREIN	10 CONDING	ZIN EASI.			(C)	**									
CERTIFICATION	TO THE DE	NIFICANT CONI ATH BUT NOT F	RELATED TO	THE TERM	AINAL							enorma na Sipenia na Sian na maripaga de se			de sele sele del sele sele sele Clark sele Clark V	
RT	20A. DATE O					HICH OPER	ATION W	AS PERFOR	AED				21. 4	AUTOPSY? (Yes	or No)	
ပြ	0													No		
MEDICAL	UNDERLYING	NAL CAUSE V	RIB-		22B. PL. home, f	ACE OF INJ	URY(e.g., street, offic	in or obout ce bldg., etc.)	NJURY O	RE DID	(If in Boltimor	e City, give e	xoct locot	tion)		
Σ		(Month) (Do		r) (Hou	'	INJURY OC			22F. HOW	DID IN	JURY OCCU	JR?				
	(APPROX.)				m. WO	RK		WHILE WORK								
	23.	ify that I he	ld an I	nguiry [nspection	X Au	ıtap sy 🔲	and th	at an t	his basis,	death in m	v apini	on		
	resul	ted from: No			_	ident 🗌	Suicie		amicide [Undetermin					
	1,000	/	7	10.	11	10				DICAL	EXAMINER					
	ACTUAL	/1 /	/wal	121	hus	16	-	ASS	ISTANT ME	DICAL	EXAMINER	X		DATE SIG	NED	
	SIGNAT	<i>v</i> T	lonald	N. I	Korni	olum, M	1.D. M.C).			EXAMINER	П		0.0.6		
	NAME ((ype)												3-8-6	8	
RE	A. BURIAL CRE MOVAL (Speci	ify)	B. DATE	,				or CREMAT			LOCATION		wn, or co		ote)	
	Burial		3/12/					Cemete				undel		7., Md.		
25	A. DATE REC'D		1 1968	R.	Cru C	F REGISTRA	La Bey H	. R	m C			8 E.	ADDRES	ch Ave.		



5-432

VS 151-REV. 1/1/68

68- 2690 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 68- 2690

BIRTH NO.	REG. NO.					
1. NAME OF DECEASED 2. DA						
(Type or Print) WALTER L. SCHULTZ SR.						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DA	TE Month Doy Yeor Hour					
HOSPITAL ADDRESS OR LOCATION)	DNOUNCED DEAD March 9, 1968 9:30 P. March 9, 1968 9:30 P. March 9, 1968					
Johns Hopkins Hospital (DOA)						
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CIT	C. CITY OR TOWN D. INSIDE OTY LIMITS?					
Male White WIDOWED DIVORCED	Baltimore YES NOT					
[lost birthdoy] Months Doys Hours Min.	EET AND NUMBER					
7-5-1922 45	740 N. Patterson Park Avenue					
WHAT COUNTRY?	THER'S NAME					
MARYLAND U.S.A.	REDERICK SCHULTZ					
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. M						
PLUMBERS HELPER / ZUMBING.	EMLEY GRAPE.					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	FORMANT L. Idults - 740 N. Pattersa PK					
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY	DETWEET ONCE AND DEAT					
	Stabwound of chest					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	NSEQUENCE OF:					
injury or complication which coused death.)						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	ONSEQUENCE OF:					
UNDERLYING CONDITION LAST.						
(V/acquired)						
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERI						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PER	FORMED 21. AUTOPSY? (Yes or No)					
	Yes					
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or of home, form, foctory, street, office bldg.	out 22C. WHERE DID (If in Boltimore City, give exect location) etc.) INJURY OCCUR? In alley beside					
UNDERLYING CONTRIB-	2318 E. Monument Street					
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?					
(APPROX.) 3-9-68 9:20 P. m. WHILE AT WORK AT WORK	Stabbed by unknown assailant.					
23.						
I certify that I held on Inquiry Inspection Autopsy	T30					
resulted from: Natural causes Accident Suicide	Homicide X Undetermined manner					
00000	Homicide Undetermined manner C					
ACTUAL SIGNATURE M.D.	Homicide X Undetermined manner					
ACTUAL SIGNATURE Charl J. Signit M.D.	Homicide Undetermined manner C					
ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRE	Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER March 10, 1968 MATORY 24D. LOCATION (City, town, or county) (Stote)					
ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRE	Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER March 10, 1968					

7-E-1922 FERSERICH SCHULTZ MARYLAND -A.2.U EMLEY GAME. PENNANG PLANTAGE HELPING you Ride of John Palace

Burne 3.13.68 BAUTIMEN CENETRE BALTE. MI.

68- 2691 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXA	AMINER'S CERT	IFICATE OF	DEATH REG. NO.	68-	269
OO COOT D					

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN STINCHECUM	2. DATE Known A Month Doy Yeor Hour OF DEATH Estimoted March 7 1968 6:30 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 7 1968 6:30 A. M. 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
44 UNION MEMORIAL HOSPITAL	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES ☒ NO ☐
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Nov 201896 lost birthdoy) Months Doys Hours Min.	336 West 29th Street
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRYS	13. FATHER'S NAME F-dinard Stinchecum
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired) Steel Mill	ANNA LOUISA BARNES
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no o unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO.	ADDRESS 331/1/2-16CX
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
Automiano	lerotic cardiovascular disease
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) IMMEDIATE C. DUE TO. OR A	AS A CONSEQUENCE OF:
heort foilure, osthenlo, etc. It meons the diseose, Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)(C)	
0 (0,	
C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	· No
UNDERLYING OR CONTRIB- home, form, foctory, street, office	in or about 22C. WHERE DID (If in Baltimare City, give exact location) e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 2 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT	WHILE
23.	/ORK
I certify that I held an Inquiry Inspection 💂 Au	tapsy and that an this basis, death in my opinian
resulted fram: Natural causes X Accident Suicid	de Homicide Undetermined manner
CA CA	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CHANGE M.D.	ASSISTANT MEDICAL EXAMINER A I
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 3-7-68
NAME (Type) Charle's S. Springate, M.D.	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BUYIZ/ 3-9-68 LORDAINE	ANI CEM BELTOCO MIL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 11 1968 R. C. & Fashing Mar	Burgee tunexist Home Balo Mil
VS 151-REV. 1/1/68	Nerver Marie VI

The Company of Date at 2004 of the cold

REG. NO.	68-	2692
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BIRTH NO. 68- 2692 CERTIFICA	ATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
HELEN PATION	MARCH 6, 1968 11:10 AM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	BIADYLAND
IOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
4.4	BALTMORE STREET AND NUMBER
TIENLINE MERENDERS HOODING	3314 BEECH AVE
SEX 6. RACE W 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 His.
F AMERICAN WIDOWED DIVORCED	DO2 - 24-90 48 Months Days Haus Min.
A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI	
one during most of working life, even if retired)	MARYLAND INCA
NONE FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Library and the Control of the Contr
S. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
NOME	CHART
18. 441, 1 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Duchy Jashi (Harace)
(This does not meon the mode of dying, e.g., (A) IMMEDIATE C.	AUSE CONSEQUENCE OF: 1. O. Marie Co.
heart failure, asthenio, etc. It means the disease, injury or complication which coused deoth.)	d ken je
ANTECEDENT CAUSES	E carles tamponade
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AUSE Rupture of a new of a server on SET AND DEATH E carbiac fampona de AS A CONSEQUENCE OF: Office of the server of the serv
rise to the above couse (A) stating the UNDERLYING CONDITION last.	a effection black
() /	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O	
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	affice b(dg,, NJURY OCCUR? (If in Baltimore City, give exact lacation)
O DEATH (notify medical examine)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not W	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Walk Not W	
22. 1 certify that (1) (this hospital) ottended the deceased from	March 6 19 68 to March 6 19 68.
that (I) (we) lost sow the deceased alive on	19 19 and that in (my) (aur) aplnian deoth occurred on the date
ond haur and from the couses stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	23B. DATE SIGNED
	hys. Director Phys. D March 6, 1968
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type) MARGARITA L. CONANAN, MD.	THE UNION MEMORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
REMOVAL (Specify)	Co. 112-11 B1/1 Mal
25A, DATE REC'D' SY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SG-FUNERAL DIRECTOR ADDRESS ADDRESS
	India a series of the Class

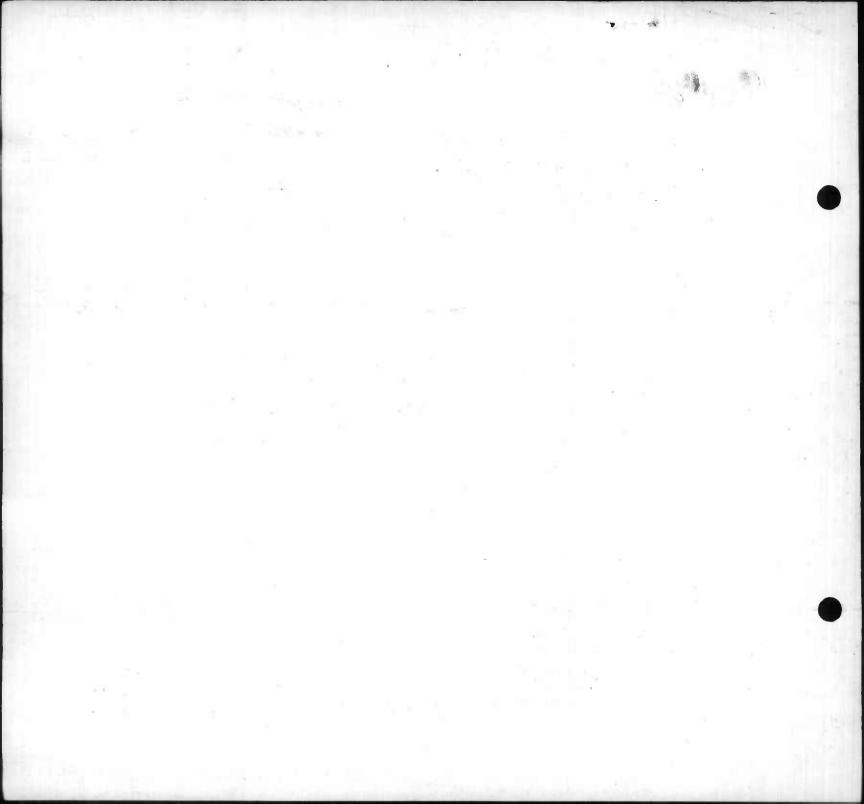
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IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

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or con	ndeteri	decea
int if d	1; (4) U th wa:	on the
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ny king ed dea	dance or final
r or his	ure of a	atten
amine	A fracti	regular e emba
dical ex	ns; (3)	ras in
a medi	dy bur	the rem
the ch	e; (2) Bc	do phys
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must b	ccident	to dea
rificate y was r	1) An a	d prior
This certificate must be o	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

	C	BALTIMORE CITY	HEALTH DEPARTMENT	
		BALTIMORE CITY 68- 2694 CERTIFICA	TE OF DEATH REG. NO.	58-2694
	BIRT	TH NO. AME OF DECEASED	2. DATE AND HOUR OF DEATH	<u> </u>
		e or Print)		0.00
	3 P	Walter B. Clevenger	3/8/68 4. USUAL RESIDENCE (Where deceased lived, If institution	on residence before odmission)
	3. 1	TACE IN DALIMONE MARICAND, WHERE TRONOUNCED DEAD	A. STATE B. COUNTY	
	FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore	, 53-00
	IN S	TITUTION	C. CITY OR TOWN	
		altimore City Hospitals	E. STREET AND NUMBER	NO X
		240 Eastern Ave. altimore, Maryland # 21224		21221 005
	5. S			Under 1 Yr. If Under 24 Hrs.
		MARKIED NEVER MARKIED	lost birthdoy) Mo	nths Doys Hours Min.
	SIVI	ale White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY	Alig 8 1913 51 7	710 : COUNTRY
		during most of working life, even if retired)	The state of total gar county	
		Unknown unknown	Keyser W Va	U.S.A.
	13. [FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Ja	red Thomas Clevenger	Grace West Halbritton	
	15. V	red Thomas Clevenger Nos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or doles of service) \$\text{SECURITY NO.}	17. INFORMANT	ADDRESS #21221
		es Navy WW 11 214-07-1571	Baltimore City Hospital BCH: Records 4940 Eastern Av	e. Baltimore, Md
		18. CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
		LEADING TO DEATH	standard infarction	
		hearl failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
		injury or complication which coused death.)		11.6
		ANTECEDENT CAUSES (8) acrite	G-I bleed	
		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the obove couse (A) stoting the	A CONSEQUENCE OF:	
		UNDERLYING CONDITION lost. (c) which	holic hier disense	
		3 8/1) II		
	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	li andiani	
	<	DISEASE OR CONDITION GIVEN IN PART 1 (A).	100A AL. N. OOD IF YES MIDD FINE	NO. CONCIDENT
	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDING CAUSES	OF DEATH? YES
	CER.	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in		y, give exoct location)
		OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?	
	U	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
		OF INJURY		
		(APPROX.) Work At Work		
		22. I certify that (1) (this tospital) attended the deceased from	3/8 19 68 ta 3/	8 1968
		that (1) (we) last saw the deceased alive an	19 (aur) and that in (my) (aur) apinian	death accurred an the date
		and haur and from the causes stated above. (1) (We) (did) (did not) v	riew the bady after death.	
		23A. SIGNATURE		DATE SIGNED
		O.M. Jevinson M. O OEGREE Phys	nding Med. Staff Director Phys.	3/8/68
			23D. ADDRESS	
		F M Lowinsohn MD	Baltimore City Hospitals 4940 Eastern Ave. Baltimore,	Maryland #21224
•	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		wn, or county) (Stote)
	T	REMOVAL (Specify)	75	

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

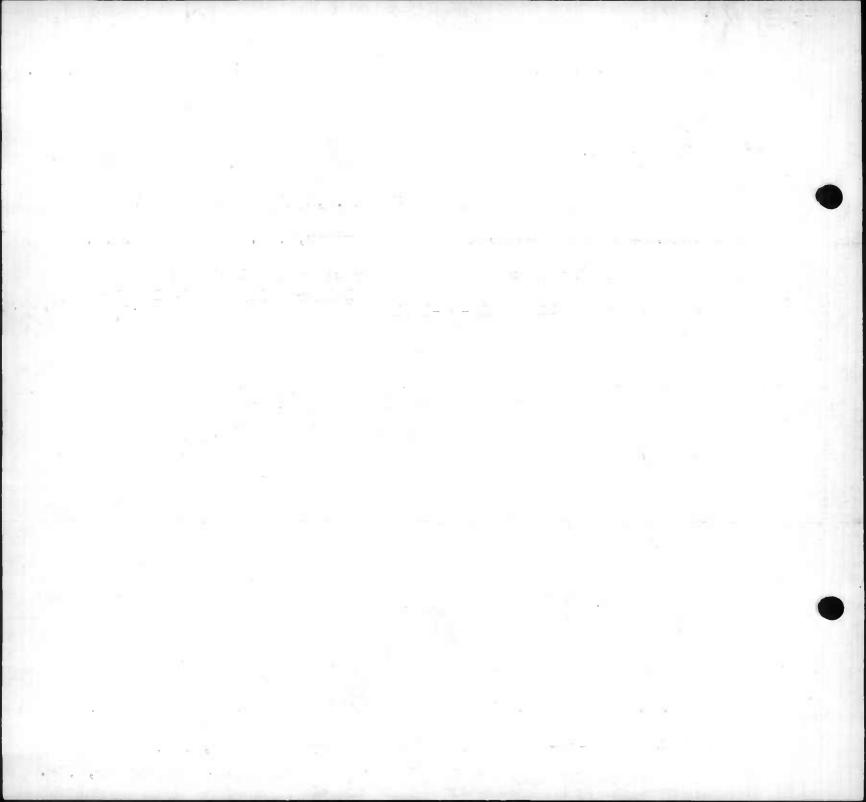
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C. L. & E. Farbagna

Meyser, W. Va.

ADDRESS



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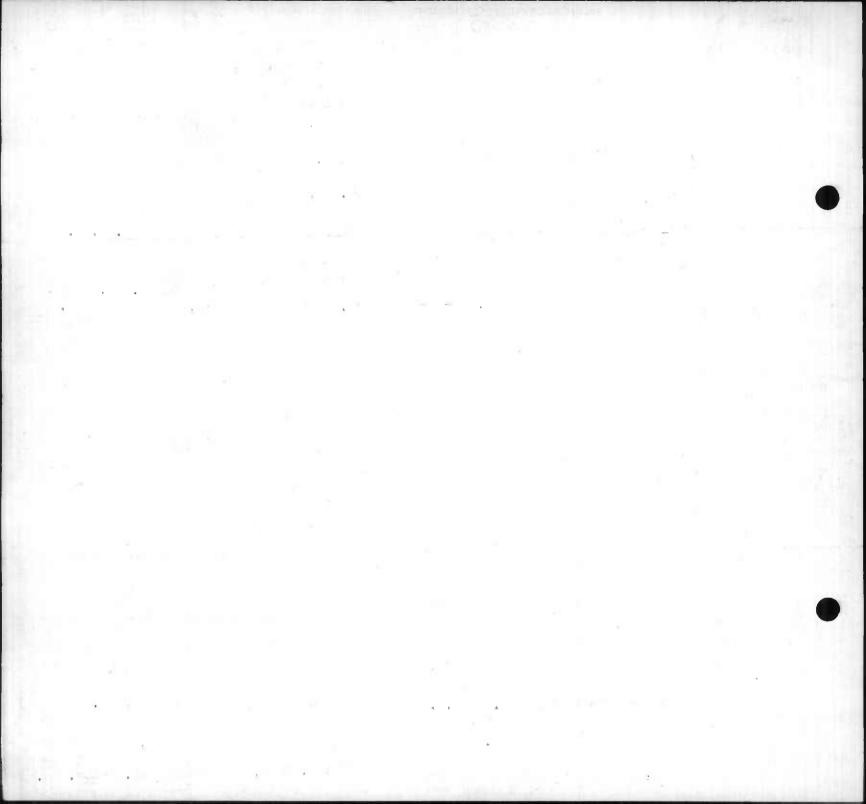
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such, written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

00	2005	BALTIMORE CITY HEALTH DEPARTMENT
00-	2693	CERTIFICATE OF DEATH

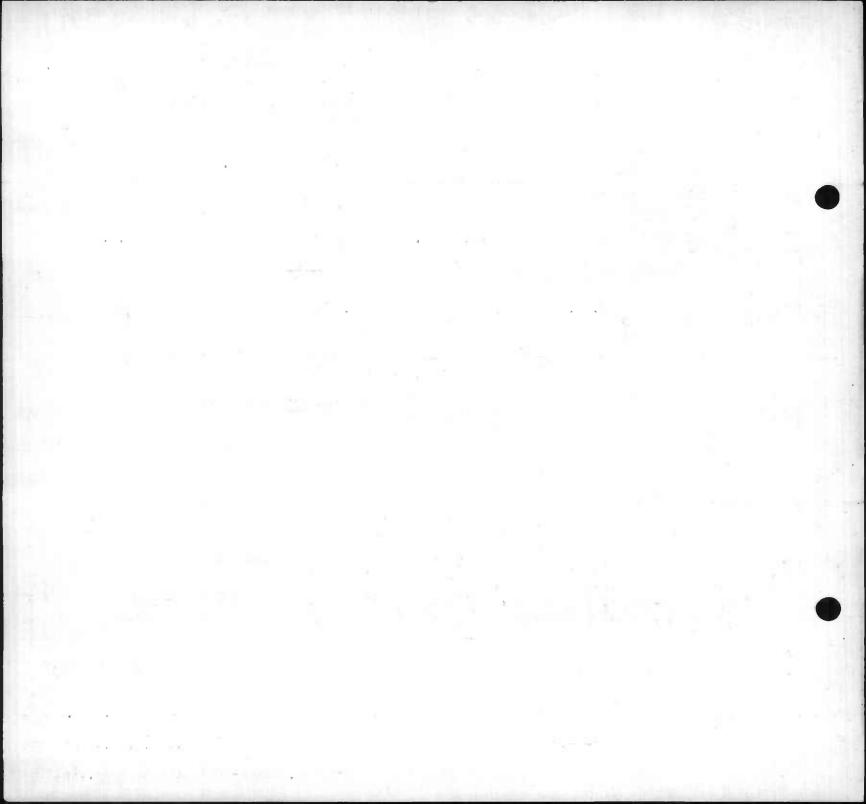
REG. NO.	68-	2695
	-	

	CERTIFICA	TE OF DEATH						
y Maciolek				5:30 P.M				
AND, WHERE PRONO	DUNCED DEAD			If institution: residence before admission)				
HOSPITAL OR INSTI	TUTION CIVE STREET							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION				C. CITY OR TOWN MISIDE CHY LIMITS?				
AL 3.311 AL 3.113		E. STREET AND NUMBER						
Baltimore City Hospital				701 S. Curley Street				
7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.				
WIDOWEL	DIVORCED	Feb. 24, 1891	77	20,0				
if retired)			oreign country)	12. CITIZEN OF WHAT COUNTRY				
Tave	rn			U. S. A.				
	SECURITY NO.	17. INFORMAN (Daugh	ter)	Balto. Md. 21224				
	217-32-9039	Mrs. Catherin	e Walters,	6424 Bushey St.				
CAUSES NS, if ony, giving see (A) stating the last. ONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A). 19B. CONDITION FOR WAS PERFORMED RLYING 21 ho et.	(B) DUE TO, OR AS e (C)	20A. AUTOPSY? (Yes or NO n or obout 21C, WHERE DIE ffice bldg., INJURY OCCUR	No) 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?				
			NJURY OCCUR?					
W	ork At Work	e 🗔						
hospitol) attended	the deceased from		19to	19				
deceased alive on		19and	that in (my) (aur)					
ses stoled onove.	(i) (iie) (ala) (ala nat) (new the body after deal	110	23 B. DATE SIGNED				
	Atte	ending Med.	Staff Phys.					
(Wan 7 7068				
Arciaga Jr.	M.D. OEGREE Phy	23D. Address 10634 York Ro		Mar. 7, 1968 sville, Md.				
9	OEGREE Phy	23D. Address 10634 York Ro						
9/68 St	M.D. DEGREE	23D. ADDRESS 1063L York RO EMATORY	ad, Cockey	sville, Md.				
	TION DIRECTLY DEATH mode of dying, e.g It means the disease h coused death.) CAUSES NS, if ony, giving ise (A) stating the last. ONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A). 198. CONDITION FOR WAS PERFORMED REVING 21 hope in the last of the last is not part 1 (A). 198. CONDITION FOR WAS PERFORMED REVING 21 hope in the last is not part 1 (A). 199. CONDITION FOR WAS PERFORMED REVING 21 hope in the last is not part 1 (A). 199. CONDITION FOR WAS PERFORMED REVING 21 hope in the last is not part 1 (A). 199. CONDITION FOR WAS PERFORMED REVING 21 hope in the last is not part 1 (A). 199. CONDITION FOR WAS PERFORMED REVING 21 hope in the last is not part 1 (A). 199. CONDITION FOR WAS PERFORMED REVING 21 hope in the last is not part 1 (A). 199. CONDITION FOR WAS PERFORMED REVING 21 hope in the last is not part 1 (A). 199. CONDITION FOR WAS PERFORMED REVING 21 hope in the last is not part 1 (A). 199. CONDITION FOR WAS PERFORMED	Armed Forces? Armed	AMARCIOLEK LAND, WHERE PRONOUNCED DEAD N HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION N HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION N HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION THE PRONOUNCED OF STREET NOT S. CUTTE NIDOWED DIVORCED FEB. DIVORCED FEB. 21, 1891 Indicate work 108, KIND OF BUSINESS OR INDUSTRY Tavern Poland 14. MOTHER'S MAIDEN N Mary Ann Ra Ammed Forces? Feb. 21, 1891 16. SOCIAL SECURITY NO. 217-32-9039 CAUSE OF DEATH TION DIRECTLY DEATH mode of dying, e.g., It means the diseose, he coused death.) CAUSES NS, if ony, giving USE (A) stating lihe Iasl. CONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 [A]. CONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 [A]. POBL CONDITION FOR WHICH OPERATION WAS PERFORMED NO RELYING FEROMED NO RELYING FORM, form, foctory, street, office bidg, injury Occurs etc.) NO RELYING FORM, form, foctory, street, office bidg, injury Occurs etc.) No While At Not While Not While May Not May Not May Not While May Not Ma	A. USUAL RESIDENCE (Where deceased lived. A. STATE Maryland C. COUNTY Maryland C. CUT C. C				

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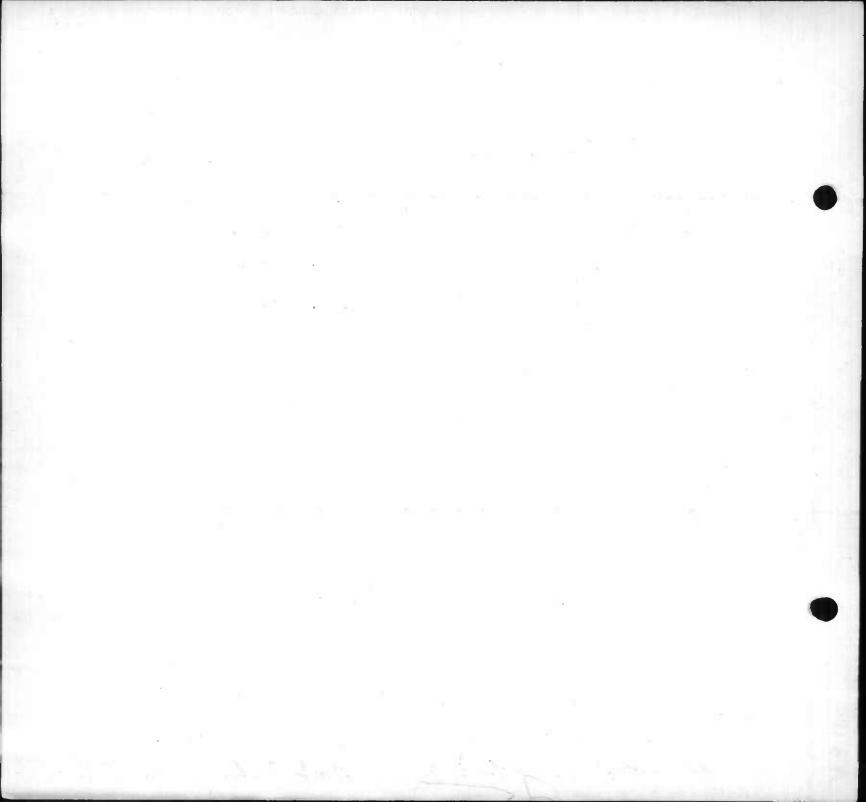
		00	- 269		TE OF DEATH	REG. NO.	68-2696
I DTII I	10			CERTIFICA	TE OF DEATH		
NAM	NO. E OF DECEASED					HOUR OF DEATH	4
	r Print)	FLOYD	MUSK			7, 1968	2 A.
3. PLA	CE IN BALTIMORE,	MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If	institution; residence before admission
FULL	NAME OF (IF	NOT IN HOSPITA	AL OR INSTITU	ITION, GIVE STREET	Maryland,	Anne Arunde	el G, 32-00
HOSPIT INSTITU	TAL OR AD	DRESS OR LOCA	(IION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
11.	South F	Baltimore	General	Hospital	Brooklyn E. STREET AND NUMBER		YES NO
4-	5	OUT OTHIOS C	GC1102 G2		4100 Fourth	St.	
. SEX	6. RACI		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
Mal	e Whi	.te	WIDOWED	DIVORCED	March 30, 1894	73	Wolling Doys Hoors Will.
	UAL OCCUPATION		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTE
	ired Firen		City Fi	re Dept.	Ohio		U.S.
	HER'S NAME				14. MOTHER'S MAIDEN NAM	E	
	Michael M	sk					
5. Was	Deceosed Ever in or unknown) (If yes,	U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	es	W. W. 1	01 00111007	JECOKIII IVO.	Mrs. Florence Ma	isk - same	
1B.	1/2/0	1		CAUSE OF DEAT			APPROXIMATE INTERVAL
he inj	ort foilure, asthenio ury or complication	DENT CAUSES NDITIONS, if e cause (A)	the diseose, death.)	(B) Och	A CONSEQUENCE OF: Cliquiffeler S A CONSEQUENCE OF:	vols.	
NOITO DIS	ort foilure, asthenio ury or complication ANTECE SEASES OR COI e to the obav	a, etc. It meons in which coused the coused the couse of	the discose, death.) any, giving staling the NTRIBUTING HE TERMINAL	(B) OR AS	elisalfele.	was	
NOITO DIS	ort foilure, asthemicary or complication ANTECE SEASES OR COLI e to the obov NDERLYING CONI CHER SIGNIFICANT CONTREDEATH BUT N	a, etc. It meons in which coused DENT CAUSES NDITIONS, if e cause (A) DITION last. II ONDITIONS CO. ON TRELATED TO TION PAR	the discose, death.) any, giving staling the NTRIBUTING HE TERMINAL TO I [A].	(B) OR AS	elisalfele.	208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
PER CERTIFICATION OF THE CARLON OF	ort foilure, asthenicury or complication ANTECE SEASES OR COI to the obav NDERLYING CONI HER SIGNIFICANT C THE DEATH BUT N LEASE OR CONDITIC	a, etc. It meons which coused to the couse of the couse o	the discose, death.) any, giving staling the NTRIBUTING HE TERMINAL TO I (A). DITION FOR WORMED	(C)VHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, c.	elizalfeler S A CONSEQUENCE OF:	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct locotion)
MEDICAL CERTIFICATION OLIVIA	ANTECE SEASES OR COI IN THE CONTRIBUTION ANTECE SEASES OR COI IN THE OBOX HER SIGNIFICANT OF THE DEATH BUT N EASE OR CONDITION A. ACCIDENT WAS CONTRIBUTING ATH (notify medical D. TIME (Month INJURY)	a, etc. It meons which coused to the couse of the couse o	the discose, death.) any, giving staling the NTRIBUTING HE TERMINAL TO I (A). DITION FOR WORMED 218. hometc.)	(C)	20 A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICATION OLIVIOR OLIVIOR	ANTECE SEASES OR COL In the obave NDERLYING CONT HER SIGNIFICANT OF THE DEATH BUT N EASE OR CONDITION A. ACCIDENT WAS CONTRIBUTING ATH (notify medical D. TIME (Month)	a, etc. It meons in which coused DENT CAUSES NDITIONS, if e cause (A) DITION last. I ONDITIONS CO. OT RELATED TO TI TO GIVEN IN PARTION IN PARTICULAR	the discose, death.) any, giving staling the NTRIBUTING HE TERMINAL TO I (A). DITION FOR WORMED 218. hometc.)	(C)	20 A. AUTOPSY? (Yes or No) in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING C	ore City, give exoct location)
MEDICAL CERTIFICATION NEDICAL CERTIFICATION SIGNATURE OF 10 (VI) OF 10 OF	ANTECE SEASES OR COL e to the obay NDERLYING CONI HER SIGNIFICANT OF THE DEATH BUT N CASE OR CONDITION A. ACCIDENT WAS CONTRIBUTING ATH (notify medical D. TIME INJURY PPROX.)	a, etc. It meons in which coused DENT CAUSES NDITIONS, if e cause (A) DITION last. I ONDITIONS CO. OT RELATED TO TI ON GIVEN IN PAR TION 198. CON WAS PERI UNDERLYING CAUSE OF exominer)	the discose, death.) any, giving staling the NTRIBUTING HE TERMINAL I 1 (A). I 1 (A). (Hour) 21E. Whi Wor	(C)	20 A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	IN CERTIFYING C (If in Boltime	auses of DEATH? ore City, give exoct locotion)
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NOITH DISCOUNT OF THE PROPERTY	ANTECE SEASES OR COL I to the obay NDERLYING CONI HER SIGNIFICANT OF THE DEATH BUT N CONTRIBUTING CONTRIBUTING ATT (Month INJURY PPROX.) I certify that (I It (I) (we) lost so I hour and fram the SONATURE	a, etc. It meons in which coused to the couse of the cous	the discose, death.) any, giving staling the staling the TERMINAL TO A CORMED (Hour) 21E. Whi Wor of the death of the de	VHICH OPERATION PLACE OF INJURY (e.g., or, form, foctory, street, or injury occurred le At At Work he deceased from 3-6) (##e) (did) (did not)	20 A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bidg, INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. How DID INJU 21F. How DID INJU 3 - 3	IN CERTIFYING C (If in Boltime	auses of DEATH? ore City, give exact location) 3 - 7 19 68 pinian death occurred on the da
NOITH DISCOUNT OF THE PROPERTY	ANTECE SEASES OR COI I to the obave NDERLYING CONI HER SIGNIFICANT OF THE DEATH BUT N LEASE OR CONDITION CONTRIBUTING ANTECE A	a, etc. It meons in which coused to the couse of the couses stated to the couses stated of the couse of the c	the disease, death.) any, giving staling the MTRIBUTING HE TERMINAL TO A LONG TO A LO	DUE TO, OR AS (B)	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU 19 6 9 ond tha view the body after death. ending Med. Director 6	IN CERTIFYING C (If in Boltime IRY OCCUR? 9 6 8 to	auses OF DEATH? ore City, give exoct location) 3 -) pinian death occurred on the da 238. DATE SIGNED
Herini Indiana Market M	ANTECE SEASES OR COLE to the obav NDERLYING CONI HER SIGNIFICANT OF THE DEATH BUT N CONTRIBUTING A ACCIDENT WAS CONTRIBUTING ATH (notify medical NUMBER (Month INJURY) PROX.) I certify that (I' it (I) (we) lost so d hour ond fram the contribution C. PHYSICIAN'S NAME (Type) SAMUE JURIAL CREMATION	a, etc. It meons in which coused to the couse of the couses stated to the couses stated to the couses stated of the couses stated of the couses stated of the couses of the couses stated of the couses of the couse of the couses	the discose, death.) any, giving staling the staling	VHICH OPERATION PLACE OF INJURY (e.g., e, form, foctory, street, of the least of t	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID fffice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 6 8 ond tha view the body after death. 23D. ADDRESS 203 Pataps C	ORY OCCUR? ORY OCCUR? Ory occur? Ory occur?	auses OF DEATH? ore City, give exoct location) 3 -) pinian death occurred on the da 238. DATE SIGNED
NOITH DISCAPL CERTIFICATION AND THE STATE OF	ANTECE SEASES OR COLE to the obav NDERLYING CONI HER SIGNIFICANT OF THE DEATH BUT N CATE OF OPERA A. ACCIDENT WAS CONTRIBUTING THE INJURY PROX.) I certify that (I' it (I) (we) lost so d hour ond fram the cole of the obav NORTH OF OPERA CONTRIBUTING THE INJURY PROX.) I certify that (I' it (I) (we) lost so d hour ond fram the cole of the	a, etc. It meons in which coused DENT CAUSES NOITIONS, if e cause (A) DITION last. II ONDITIONS CO. OT RELATED TO TI TO MY GIVEN IN PARTION 19 B. CON WAS PERI (UNDERLYING CAUSE OF exominer) (UNDERLYING CAUSE OF Exominer)	the disease, death.) any, giving staling the NTRIBUTING HE TERMINAL TO A LET TERMINAL TO A LET TO A	DUE TO, OR AS (B) DUE TO, OR AS (C) OPERATION PLACE OF INJURY (e.g., form, foctory, street, compared by the	20 A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJU 19	IN CERTIFYING C (If in Boltime IRY OCCUR? 9 6 to	auses of DEATH? ore City, give exoct locotion) 3 - 7 19 68 pinian death occurred on the do 238. DATE SIGNED 3 - 7 - 68 City, town, or county) (State)
NOITH DISCAPLINATION OF THE PROPERTY OF THE PR	ANTECE SEASES OR COLE to the obav NDERLYING CONI HER SIGNIFICANT OF THE DEATH BUT N CONTRIBUTING A ACCIDENT WAS CONTRIBUTING ATH (notify medical NUMBER (Month INJURY) PROX.) I certify that (I' it (I) (we) lost so d hour ond fram the contribution C. PHYSICIAN'S NAME (Type) SAMUE JURIAL CREMATION	n, etc. It meons in which coused DENT CAUSES NOITIONS, if e cause (A) DITION last. II ONDITIONS CO. OT RELATED 10 11 10 NG GIVEN IN PARTION 19 B. CON WAS PERI (UNDERLYING CAUSE OF exominer)	the disease, death.) any, giving staling the NTRIBUTING HE TERMINAL TO A LET TERMINAL TO A LET TO A	DUE TO, OR AS (B) DUE TO, OR AS (C) VHICH OPERATION PLACE OF INJURY (e.g., or form, foctory, street, or foctory, street, or form, foctory, stre	20 A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJU 19	IN CERTIFYING C (If in Boltime IRY OCCUR? 9 6 to	auses of DEATH? ore City, give exoct locotion) 3 - 7



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6 2	50		BALTIMORE CITY	HEALTH DEPARTMENT		68- 269	כים
0-0	6	8- 26	97 CERTIFICA	TE OF DEATH	REG. NO	00 200	7 6,
BIRTH NO.		0 70	O CERTIFICA		AND HOUR OF DEAT	ū	
(Type or Print)	May	Н.	Sutton		/68		
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V A. STATE 8. CO		institution; residence befo	ore admission
FULL NAME	OF (IF NOT IN HOSE	TAL OR INSTIT	UTION, GIVE STREET	Mary land			
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TOWN	D.YN	NAME CITY LIMITS	No. of Concession, Name of Street, or other Persons, Name of Street, or ot
	5016 Arbutus			Baltimore		YES IN	
00	Baltimore, M	id. 212	15	5016 Arbut		15	
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Manths: Days Hou	Under 24 Hrs
Remale	White	WIDOWED		Jan. 5, 1888	80		
	CCUPATION (Give kind of wast of working life, even if retired		8USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WH	AT COUNTR
House				Baltimore,	Md.		
3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
Fran	k Hudson			Mary S	Schaut		
S. Was Deced	sed Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	-
Yes, no or unkn NO	own) (If yes, give war ar do None	ones of service)	SECURITY NO.	Mr. Wm. Sutto	n same addr	1ess	-Sn
18,	MOTIC		CAUSE OF DEAT			A PRO OVI MA	TE INTERVAL
4-0	+X		CAUSE OF DEAT	13 monder	maunoni	BETWEEN ON	
DIS	EASE OR CONDITION I			0"		3 d	ani
(This day			(A) IMMEDIATE CAL	A CONSEQUENCE OF:			mays
	es not mean the mode ure, osthenia, etc. It mean		DUE TO, OR AS	A CONSEQUENCE OF:	. , .		
	complication which cause		ante	iosclarate	- carde	0 - 2	
	ANTECEDENT CAUS	ES	Lascul	or renal	diseas	2 2 1	100.
DISEASE	S OR CONDITIONS, if	l any siving	(8)	a consequence of:			
	The above cause (A						
UNDERLY	YING CONDITION last.		(C)				
44:	2 X II						
	INFICANT CONDITIONS C						
	PEATH BUT NOT RELATED TO OR CONDITION GIVEN IN P	ART 1 (A).		*****			
	OF OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDER	ED
				no			
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF catify medical examinet	21 B hom etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DIE fice bldg., INJURY OCCUR	(If in Soltim	nore City, give exact locati	ian)
21 D. TIME		ir) (Hour) 21 E	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
OF INJUR			ile At Not Whil	е			
(APPROX.)		Wo			0		10
22. 1 cer	tify that (I) (this heapit	ral) attended t	he deceased fram	april	19 49 to 1	liar-7	19 6 8
that (1) (we) last saw the decea	sed alive an	quar >	1968 and		pinian death accurred	d an the da
	•			iew the bady after deat			
23A, SIGN		idled opgast (·/ (/ (ara) (ara nat) (10m the bady after deal	III•	23B, DATE SIGNED	
230, 31014	- 11 W B B		Atte	nding Med.	1 Stoff -	3/8/6	0
			DEGREE Phy	s. Director L	Staff Phys.	0/8/6	6
PHYSI NAM	Le (Type) Levis	E. 6	Vice m.D.	23D. ADDRESS	. PAUL	ST.	
4A. BURIAL	CREMATION, 24B. DATE	24C, N	AME of CEMETERY OF CR	EMATORY 1240	LOCATION ((City, town, or county)	(State)
REMOVA	AL (Specify)			***			(altitle)
Buria			oodlawn Cemet		Woodlawn, Me		
SA DATE RE	1068 A DEPT.		OF REGISTRAR	2SC. FUNERAL DIREC	TOR	Ball	5 1 has
MARK A.	1300 (1600)	r E, stand	CU, PUR	Wmh /	Johner LS	mo benth	Lpa
(0 100 DC) (1	1/3 // 0			7 7 7 6	The state of the s	- UM	11



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D_124 BALTIMORE CITY HEALTH DEPARTMENT 68-2698					
BIRTH NO. 68- 2698 CERTIFICATE OF DEATH REG. NO. 68- 2698					
1, NAME OF DECEASED	2 (/		HOUR OF DEATH	45	
(Type or Print) Mir jam A.	rather	3/0	5/1968	9 - A. M.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)					
INSTITUTION					
Marin Memoria	E. STREET AND NUMBER				
		3210 57	1 200		
5. SEX 6. RACE 7. MAR WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BUTTH 9.		Under 1 Yr. If Under 24 Hrs. onths Days Haurs Min.	
10A. USUAL OCCUPATION (GIVE kind of work 108. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	(country) 12	2. CITIZEN OF WHAT COUNTRY?	
HOIRENISE.		(reavola		USA	
		14. MOTHER'S MAIDEN NAME			
William Yates At	Kinson	Susan Amanda (Cobb Milton		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na arunknawn) (If yes, give war ar dates of ser	security No.	17. INFORMANT	1. 1	A DDRESS	
CAUSE OF DEATH APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH (A) IMMEDIATE CAUSE (P) Tas Tate Carcinema 3 months					
this does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heori foilure, osthenio, etc. Il means the disease,					
injury of complication which coused death.)					
DISEASES OR CONDITIONS, if any, giving DUE TO OR AS A CONSEQUENCE OF:					
rise to the above cause (A) stating the					
UNDERLYING CONDITION lost.	(c)	mary ease	5 long me		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING				
TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART) (A).					
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	S OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING	21 P Bl A CE OF INITION !-	is a should C WHERE DID	(If := B - Is: C	'Au	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Baltimare Ci	ity, give exact lacotion)	
21D. TIME (Manth) (Day) (Year) (Haur)	21E, INJURY OCCURRED	2) F. HOW DID INJUI	RY OCCUR?		
(APPROX.)	While At Work			1110	
22. I certify that (I) (this haspital) atten-	ded the deceased from	3/2/19	5810	10/1960,	
that IV (we) last saw the deceased alive	on 3/6	1968 and that	in my (our) opinia	n deoth occurred an the date	
ond hour ond from the causes stoted obo	ver (I) (We) (did) (did not)	view the body ofter death.			
23A. SIGNATURE	An D AH	ending Med. S		B. DATE SIGNED	
Holeon 5	OE GREE Ph	ys. Director Pt	hys.	3/6/6	
23C. PHYSICIANS NAME (Type)	. 4 .	23D. ADDRESS	-1	11 74	
H F HOLCOMB, N.D. DEGREE JACON MONTH (City, town, of county) (Stote)					
REMOVAL (Specify)				on county (Sig(e)	
254, DATE REC'D BY HEALTH-DEPT. 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR ADDRESS					
MAR 11 1968 Robert E. Lasbert Tickner North & Penn and Tickner North & Penn and					
VS 150-REV. 1/1/68					

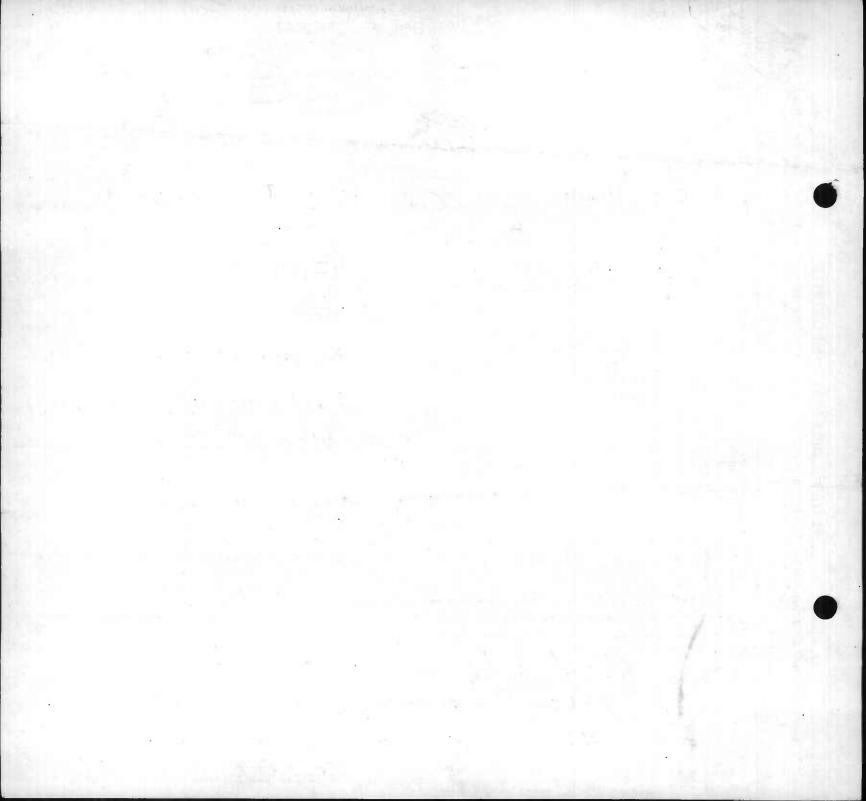
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IMPORTANT DIRECTOR: FUNERAL

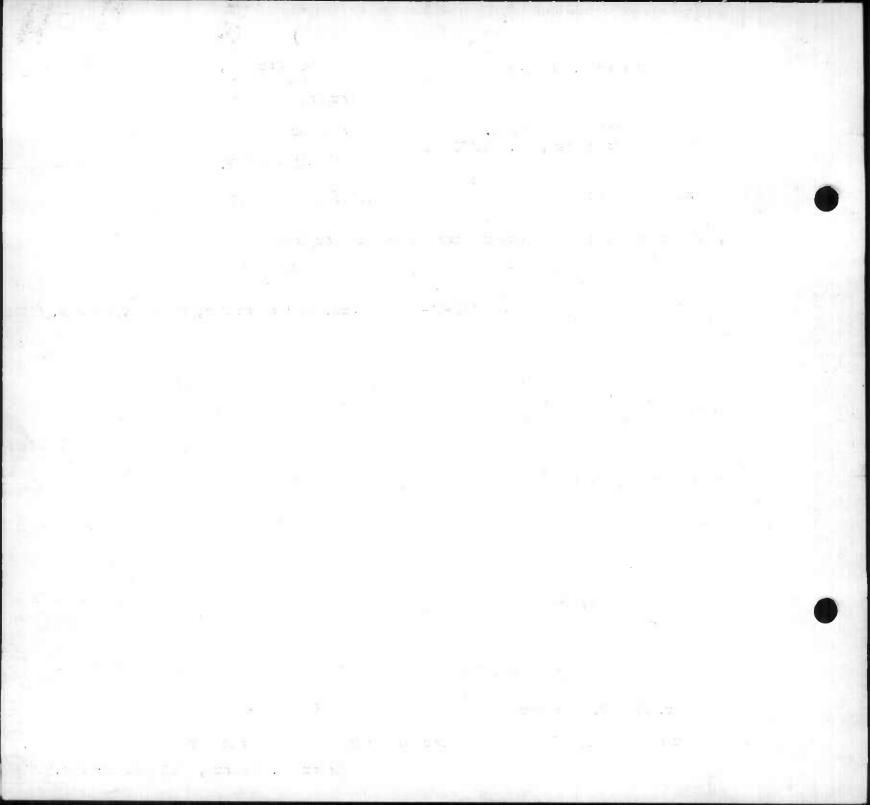
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such BIRTH NO of death Deceased a hospital and I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) -6 0 death. 4. USUAL RESIDENCE (Where deceased lived. If institution; res 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE B. COUNTY Maryland (5) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN INSIDE COY LIMITS canse; prior to YES +1more E. STREET AND NUMBER contributing occurred (4) Undetermined disposition is made. ın regular 5. SEX B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. Months: Doys MARRIED NEVER MARRIED deceased lost birthday Caucasian WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or, foreign Country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) ano Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME Alex Billips Lee O D death kind; 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no as unknown) (If yes, give war or dates of service) SECURITY NO. attendance None Mrs. Helen Billips same address any CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med 0 LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE hearl failure, aslhenia, elc. Il means lhe disease, ular emba injury or complication which caused death,) ANTECEDENT CAUSES 5 re are DISEASES OR CONDITIONS, if any, DUE TO, OR AS A CONSEQUENCE OF 10 the obove couse (A) sloling the physician UNDERLYING CONDITION lost. remains the chief medical Was my of it is CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A the (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the ō IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? obtained before OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) where hospital °Z MEDICAL DEATH (notify medical examiner) etc.) nature; approved by 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At (APPROX.) At Work and Work to the any 22. I certify that (I) (this haspital) attended the deceased from...... that (1) (we) lost sow the deceased olive on. .19___ ond that in (my) (our) opinion death accurred on the date pe 0 hospital eath) and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. the body was released must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Med Phys. Director L approval O 23C. PHYSICIAN'S 23D. ADDRESS prior ŧ NAME (Type) An) ina 4 24A. BURIAL CREMATION. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specify) was D.O. written Burial shows: Glen Haven Cemetery Glen Burnie, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Wm. J. Ticker and Sons North and Pennsylvania Avenues VS 150-REV. 1/1/6B

If Under 24 Hrs.

Hours

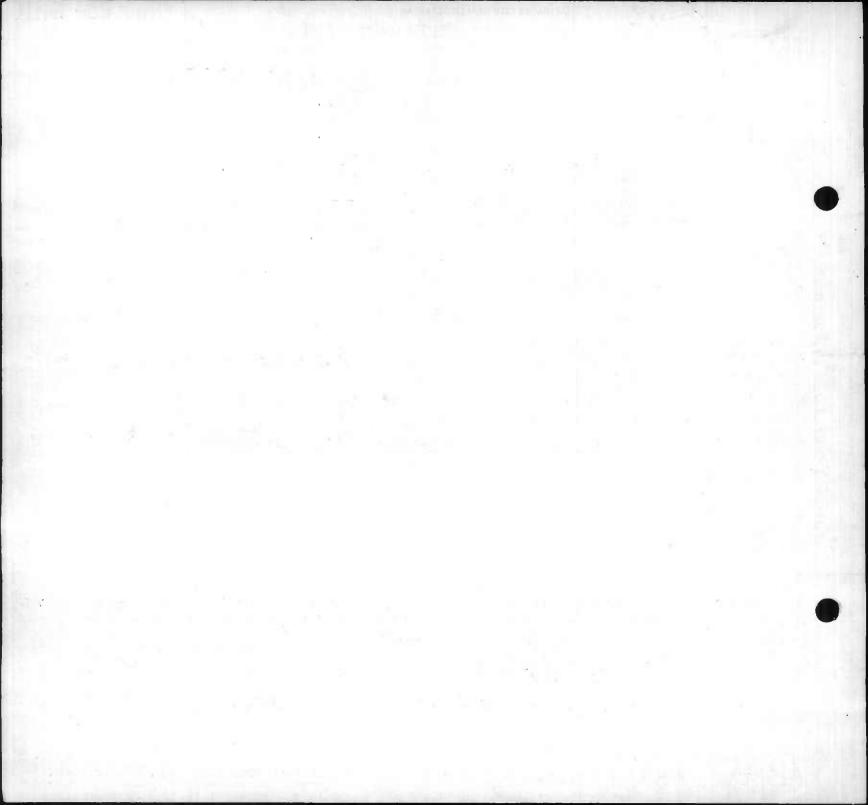


26 d 2 d	W-325 68- 2700 6	CERTIFICATE OF DE	EATH REG. NO.	8- 2700	
of death of death Deceased e on the ath. Such	NAME OF DECEASED		2. DATE AND HOUR OF DEATH	-7 D	
o co d	Thomas C. Watkins		March 6, 1968	3 F. M.	
S)	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,	A. STATE	DENCE (Where deceased lived, If institute, B. COUNTY and	otion: residence before odmission)	
2 13	HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOW	N D. INSIDE	CITY LIMPS?	
	2221 Wilkens Ave.	Baltimo	ore	ES NO .	
ting d cau r atte prior e.	Baltimore, Md. 21223	E. STREET AND			
	00	2221 W:	ilkens Ave.		
bon ad	SEX 6. RACE 7. MARRIED NEW	ER MARRIED B. DATE OF BIRT	H 9. AGE (In years I lost birthdoy)	Under 1 Yr. If Under 24 Hrs.	
occur ontrik ermin regul eased is ma	Male White WIDOWED	DIVORCED 9/29/01	66		
E 0 # _ 0 E	0A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN lone during most of working lite, even if retired)			2. CITIZEN OF WHAT COUNTRY?	
S P	Superintendent Revere Br.	ass & Copper Mary	pper Maryland USA		
if d rect (4) U wa the spos					
	Thomas Watkins		erine Wagner		
kind; kind; death inal d	5, Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	CIAL 17. INFORMANT		ADDRESS	
	No 215	-10-0086 Mrs. Re	egina Watkins, 2221	Wilkens Ave 2122	
s assignment	18. 162. 1	AUSE OF DEATH	STILL HOUSELING	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
his of a unc ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CA	LONG T	1 year	
Als Per o nou att	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE	OF:	d	
er. ictu pro lar lar	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	generalized +	Cerebral metastase		
	ANTECEDENT CAUSES				
aminini A fr ho ho reg	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENC	E OF:		
3) / A	rise to the above couse (A) stating the				
B _ B E	UNDERLYING CONDITION last.	(C)			
nedical edical burns; hysici n was	O O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		,		
e a p		OPERATION 120A, AUTOPS	Y? (Yes or Not 208, IF YES, WERE FIN	DINGS CONSIDERED	
hie od he he he	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	70101	IN CERTIFYING CAUSE	S OF DEATH?	
by by 2) B 2) B 6 t phy ore	U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE	OF INJURY (e.g., in or about 21 C. W foctory, street, office bldg., INJURY	HERE DID (If in Bottimore C	ity, give exact location)	
the Co	OR CONTRIBUTING CAUSE OF home, form, etc.)	foctory, street, office bldg., INJURY	OCCUR?		
W. e. c. d.	U	Y OCCURRED 21F. HC	DW DID INJURY OCCUR?		
d h	S OF INJURY	Not While	SW DID INJURI OCCUR:		
d d d	(APPROX.) Work	At Work			
pro the ny exc an	22. I certify that (I) (this hospital) attended the dec	eased fram Z - Z	19 GZ ta	3-6 1968	
00000	that (I) (as) last saw the deceased alive an.	3-5 1968	and that in (my) (****) apinio	n death accurred an the date	
00	and have and from the causes stated above. (1) (We)	(did) (did not) view the bady a	fter death.		
ust be a cased to dent of ospital death) must b	23A. SIGNATURE			B. DATE SIGNED	
must eleas ccide hos to de	John 7 Nole near MD	Bh	ed. Stoff Phys.	3-7-68	
	23 C. PHYSICIAN'S	DEGREE PHYS. 23D. ADDRESS	rivs.	2 (0 0	
ate n or ro	NAME (Type)	401 Pa	1 D1		
certificate sody was r vs. (1) An a D.O.A. at assed prior	Dr. John F. Schaefer	oegree 401 Ran		town, or county! (State)	
E P C O B B	REMOVAL (Specify)	CEMETERY OF CREMATORY	24D. LOCATION (City,	town, or county! (State)	
		Park Cemetery	Baltimore	Md.	
S to 0 +	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGI	STRAR 25C, FUNERA	AL DIRECTOR	ADDRESS	
This the sho was	MAR 11 1968 Robert E. tarley	Howar	d H. Hubbard, 4107	Wilkens Ave.21229	
	/S 150_REV 1/1/6R				



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who proposed death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		Š.	BALTIMORE CITY	HEALTH DEPARTMENT		268- 2701
14-51		050		TE OF DEATH	REG. NO.	1004
BIRTH NO.	50	5- 210	1 CERTIFICA	Y		4
1. NAME OF DECE (Type or Print)		W. C.	Ac 34	2, DATE	AND HOUR OF DEAT	
- 4	Jeanette		2 = 1	11:0		
3. PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONO	JNCED DEAD	A. STATE B. COL	here deceased lived. If UNTY	institution: residence before admission)
FULL NAME OF	HE NOT IN HOSPI	TAL OF INSTITE	JTION, GIVE STREET	Md.	,1	27-15
HOSPITAL OR	ADDRESS OR LOC	ATION)	is a she	C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
0		- 1		Balto.	2	YES X NO
		1	3	E. STREET AND NUMBER		
Bolton Hil	1 Manaine &	"Convende	scent Center	6109 Clenoal	r Auro	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Female	White	WIDOWED		3-2-87	lost birthdoy)	Months Doys Hours Min.
				11. BIRTHPLACE (Stote or fo	00	12. CITIZEN OF WHAT COUNTRY
done during most of w	vorking life, even if retired)		4		,	
At home				Md.	200	USA
13. FATHER'S NAM	A E			14. MOTHER'S MAIDEN N	AME	
	IImima		and the first and the state of	Unla	20110	
15. Wos Deceosed	Ever in U. S. Armed Fo	orces?	16. SOCIAL	17. INFORMANT	nown	ADDRESS
(Yes, no or unknown)	(If yes, give wor or do	tes of service)	SECURITY NO.	D 1 4 77	03.00 63	
No			213 26 1428A	Robert Knapp	, 6109 Glenc	
1B.	3.9	1.0	CAUSE OF DEAT	H	**************************************	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION D		4	» (- 1	H-0.1111900
	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE ofersale	m. CVals	wif years -
	al mean the made a		DUE TO, OR AS	A CONSEQUENCE OF:		
	oslhenia, elc. Il mean plication which cause					
-	NIECEDENT CAUSE	S	a	10000	cya 0.	
	R CONDITIONS, if		(B)	A CONSEQUENCE OF:	TRUES	Ded dem
	abave cause (A)		1	0 4	11.	
UNDERLYING	CONDITION last.		(c) // 16-1	rects are	muls -	Mens
2/0X	П					-
O OTHER SIGNIF	CANT CONDITIONS CO					
	H BUT NOT RELATED TO ONDITION GIVEN IN PA					***************************************
	OPERATION 198. CO	NOTION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WEI	RE FINDINGS CONSIDERED
DISA. DATE OF	WAS PE	RFORMED			IN CERTIFIENG	LAUSES OF DEATH?
U 21A. ACCIDEN	IT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltin	nore City, give exoct location)
	medical examiner	hom etc.		ffice bldg., INJURY OCCUR?		
U	(Month) (Doy) (Year	Hour 21E	INJURY OCCURRED	215 110111 212 1	NULLEY OCCUPS	
OF INJURY	(Month) (Doy) (Teor			21 F. HOW DID I	NJORT OCCOR:	
(APPROX.)		Wo				
22. L certify	that (1) (this haspite	al) attended t	he deceased from	9/22	1967 to	3/4 1965
			3/0	16/66		pinlan death accurred an the date
	last saw the deceas					ipinian death accurred an the date
		ated abave. (I) (We) (did) (did not)	riew the bady after deat	h	
23A. SIGNATU	RE .	111		CE 1.5.		238. DATE SIGNED
a	e Million	and the	Dhy	ending Med. Director	Staff Phys.	3/4/68
23C. PHYSICIA	N'S		DEGREE	23B. ADDRESS		
NAME (T)	pel A AS	H N	ACUT NA	9 250.	EAN ST	get MA 212 12
	116641	17. 14	THE DEGREE	-12/41	-17-5 21	
24A. BURIAL CREA	pecify)	24C. N.	AME of CEMETERY OF CR	EMATORY 24D	LOCATION	(City, town, or county) (State)
Burial	3/7/68	B Lor	udon Park Ceme	eterv	Baltimore,	Md.
25A. DATE REC'D			F REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
MAR 1	1 1968 02	.B 8.4	Clarkey Mil	Ullrich Fun	eral Home 4	210 Belair Road.
VS 150-REV. 1/1/6		-				
A						



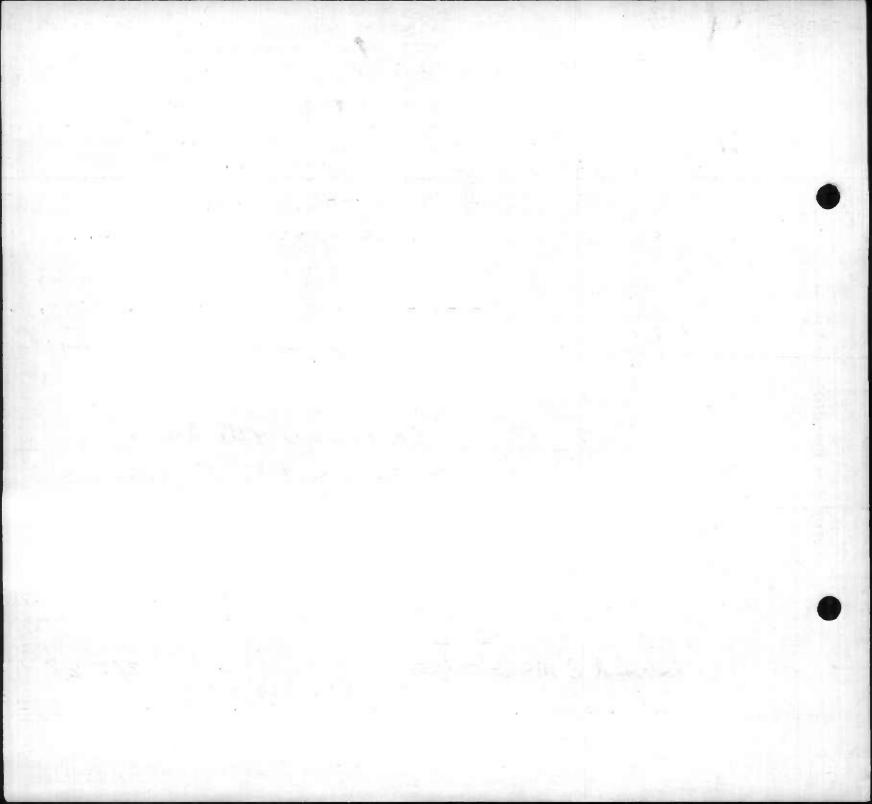
1	0-46	3		BALTIMORE CIT	HEALTH DEPARTMENT		68- 2702
1	TH NO.	68	- 27	02 CERTIFICA	TE OF DEATH	Registered No	00 0100
1.1	E CASE NO.					AND HOUR OF DEATH	
	PLACE OF DEA	ATHERINE MA	RYLAND	NHEELER	May 14. USUAL RESIDENCE (WH	25,1968	10:52 AIM. stitution: residence before odmission)
-					A. STATE B. COU	_	
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospitot oddress or location	or institution,	give street	Marylan		RURA on give town hip
		-14 7			Baltimo		16
G	ould Con	valasarium				rkside Drive	
5. 5	emale	White		, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH Dec. 11,,1877	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
don		PATION (Give kind of work orking life, even if retired)	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NAM				14. MOTHER'S MAIDEN N		
	John (G. Brickner			Mary Voegl	ein	
15. (Ye	Wos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
N					Mrs. Olivia Ca	ampbell 4222	Parkside Drive
	18. 412	0		CAUSE C	F DEATH	*	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE	OR CONDITION DIE	ECTLY			0	
		I mean the made of	dying. e.g.	(A) DUE TO	ilnovery Ole Lin-Vascular /	alna	2 10 years
	heart failure, a	sthenio, etc. II meons dication which coused	the diseose	,	V	DIATOR	
		NTECEDENT CAUSES	000111.7	(B) Cans	hir-Vascular 1	Ly restaurence	10 years
		R CONDITIONS, if	any aivina	DUETO	1	11	
	rise to the	obove couse (A)		(C)	Levelevii	لع	10 years.
		CONDITION last.					
TION	TO THE DE	CANT CONDITIONS CATH BUT NOT RELATIONS OF THE CONDITION CAUSING I	TED TO TH	G HE			
TIFICA	19A. DATE OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or h	NO 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner	211 hor etc	ne, form, foctory, street, c	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locohon)
ED	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)		WI	nile At Not Whi			
	22. I certify t	hot (I) (this handtol		he deceased from		1960 to MAR	ch 5, 19.68
						that in (my) (🖛) opin	nian death occurred on the dote
	ond hour ond	from the couses stot	ed obove. ((did) (did++)	view the bady ofter deoth	•	
	23A. SIGNATUR	5010	<i>n</i>		/	A12 III	23B. DATE SIGNED
	Much	ef 1. Dar	usch	M.D. Att	ending Med. Director	Stoff Phys.	Mark 5, 1968
	23C. PHYSICIAN	pe)		:	23D. ADDRESS		,
	MichAe	L J. Dr	JUSC/	M.D.	4636 Be	LAIR- POA	D. BALTO, M.D.
24	REMOVAL (Sp	AATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Ci	ly, town, or county) (Stote)
	Burial	3/9/68		oly Redeemer (Baltimore,	Md.
254	4 .	1968 Rus	258 NAME 2. 40	OF REGISTRAR	Ullrich Funer		ADDRESS Belair Road.
VS	150-REV. 1/1/65	5					



40	ענינ		
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death a shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Canada	(except where the physician who pronounced death was in regular attendance on the sand (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made. W
This certificate must be approved by the chief med	the body was released to the hospital by a medishows: (1) An accident of any nature: (2) Body bur	was D.O.A. at a hospital (except where the phys deceased prior to death); and (6) No physician w	written approval must be obtained before the rem

BALTIMORE CITY	HEALTH DEPARTMENT	68- 2703
68- 2703 CERTIFICA	TE OF DEATH REG NO.	00 4:00
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) RESSIE WILKERS	ON 315/68	5 45 WM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If instit	ulion; residence before oduhission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore Co. C.	CITY LIMITS?
	ν	ES NO A
Baltimore City Hospitals	E. STREET AND NUMBER	
4940 Eastern Ave. Baltimore, Maryland # 21224	17 Woodland Ave. #2122	2 005
5. SEX 6. RACE 7. MARRIED A NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Under 1 Yr. If Under 24 Hrs. Nonths: Doys Hours Min.
Female White WIDOWED DIVORCED	2-3-02 66	
	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if refired) At home	Indiana	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
? Mc Cain	Effie ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
No 216-16-4704-A	BCH: Records 4940 Eastern A	ve. Baltimore, Md.
18. 74 X CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0 1 ' '	
LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAU		10.
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	The state of the state of
injury ar complication which coused death.)		
ANTECEDENT CAUSES (B)	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS rise to the above cause (A) stating the UNDERLYING CONDITION lost.	a consequence of:	st 2 V12.
(W) ac ac a Booth of the Tenefit of	Comment of the commen	
Z 170 X II	. +0 00 0	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ion rectal wall we	ell.
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	yes in certifing caus	YES
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in one, form, foctory, street, of	n or about 21C. WHERE DID (If In Baltimore C	City, give exoct location)
DEATH (notify medical examiner)	nee siege literate e coat.	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not While At At Work		
	3/4 10/28 2/4	10 6
22. I certify the (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on 3/5	19 6 ond that In(my) (our) opinion	on death occurred on the date
and hour and from the couses stated above. (1) (We) (dld) (did not) v		
23A. SIGNATURE		3 B. DATE SIGNED
David & Mc Beth Margar Phys	nding Med. Stoff Phys.	315/68
GEGREE!		3/0/00
	Baltimore City Hospitals	No 107.001
David E. McBeth Md. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	4940 Eastern Ave. Baltimore [24D. LOCATION (City,	, Maryland #21224 town, or county) (Stote)
Burial 3/8/68 Baltimore Nation	nal Cemetery Baltimore,	Ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAR 11 1968 Of Cato E. tackers	Ullrich Funeral Home Dund	lalk, Md.

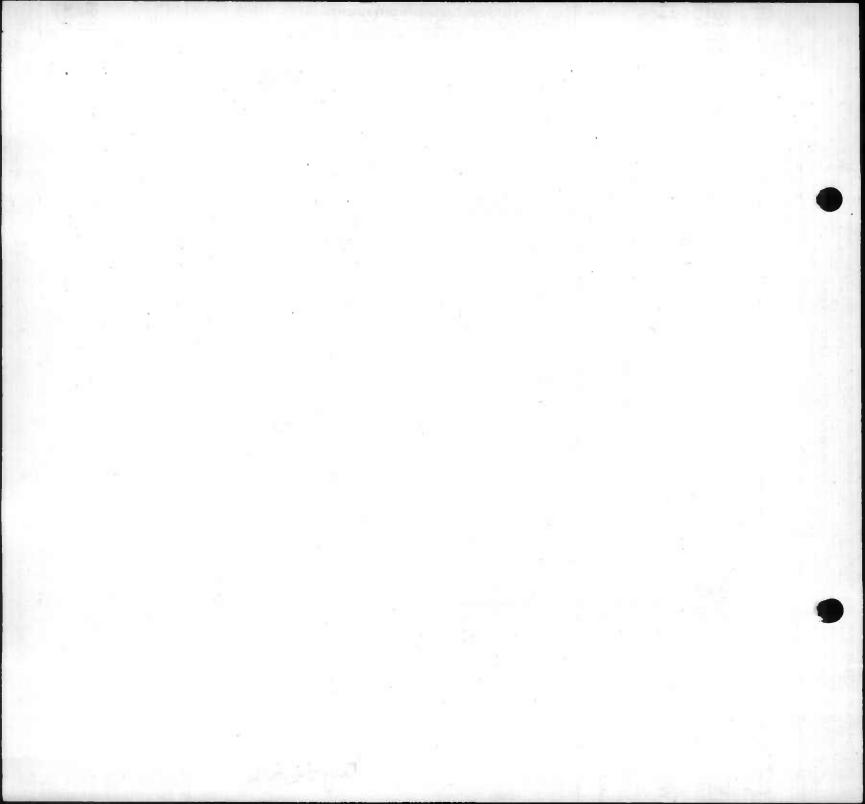
VS 150-REV. 1/1/68



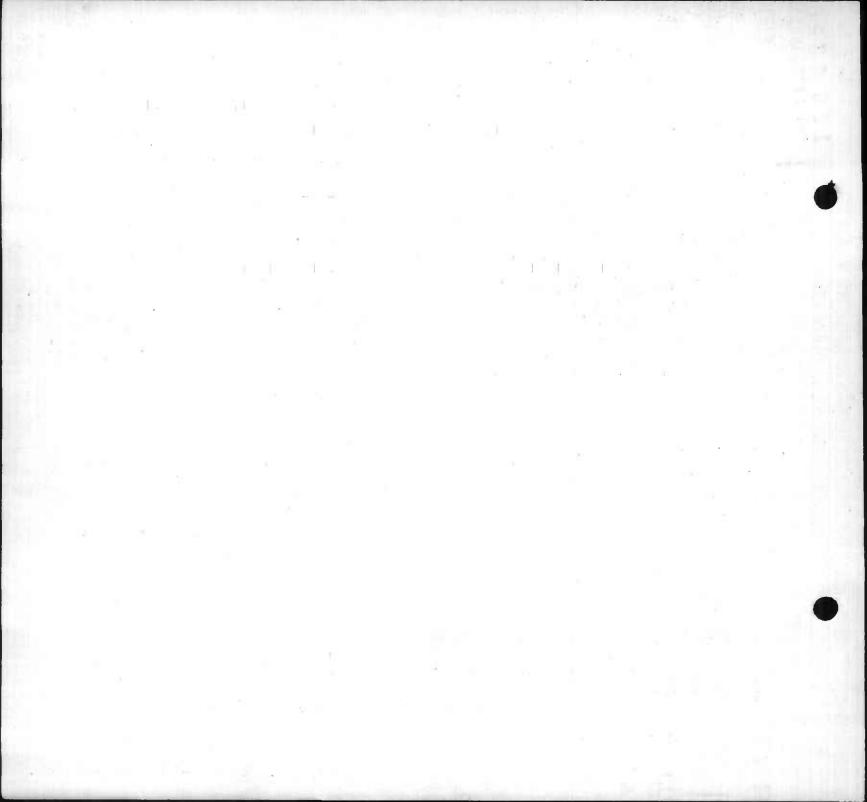
VS 150-REV. 1/1/68

1-135 68-2	BALTIMORE CITY	HEALTH DEPARTMENT		68-2704
68- 2	704 CERTIFICA	TE OF DEATH	REG. NO	00 0101
BIRTH NO.	OZIKI II O			
1. NAME OF DECEASED (Type or Print) Martha (. Loveti	nsky		7, 1968	1 2:25 p. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	A. STATE	deceased lived. If in:	stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Manyland		2 000
NETITION		C. CITY OR TOWN	D. INSI	TE CITY LIMITS?
719 N. Glover St	reet	Baltimo re E. STREET AND NUMBER		YES X NO _
00		719 N. Glove		
* 1 444	RIED NEVER MARRIED	0	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
emale White WIDO	WED DIVORCED	Dec. 17, 1907	60	12. CITIZEN OF WHAT COUNTR
one during most of working life, even if relired)	ID OL BOZINEZZ OK INDOZIKI	Maryland	n country/	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .	
Anton Vavra		Mary Poleds	20	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	UL.	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of ser	217 16 1769	Francis A. Love	etinsky 717	S. Potomac Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. // 4 X	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	<i>(</i> : ,	olio-neurl- va	scular di	real (us.
LEADING TO DEATH	(A) IMMEDIATE CA	JSE		
(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dis		A CONSEQUENCE OF:		
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, grise to the obave couse (A) sloting		S A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
442 X II	diami	recumated an	thuits,	1-16 mas
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	ING ly andre	ine accera.	•	1 10 1/1
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE I	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		2010131.1103 01 110	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimor	e City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	onice bidg., INJURT OCCUR?		
21 D. TIME (Manth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le 🔲		
			9 68 to 7	March 2 1968
22. I certify that (I) (this haspital) atten	11/4 0.	10	•	* '
that (I) (we) last sow the deceased alive	VII.,		orin(my) (oor) opli	nion deoth occurred on the do
ond hour and from the couses stoted obo	ve. (1) (We) (did not)	view the body ofter deoth.		23B. DATE SIGNED
23A. SIGNATURE L. C. Tobilial		ending Med. Director	Staff Phys.	3/168
23C. PHYSICIAN'S	DEGREE	23 D. ADDRESS		
23C. PHYSICIAM'S L. C. Dobih		447 U. Keun	wood lin	
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CE	EMATORY 24D. LC	CATION ICI	ty, town, or county) (Stote)
Burial 3-11-58		0	Utimore, Mo	
711-00	Holy Redeemen	emeteril PSC) FUNERAL DIRECTOR	7	ADDRESS
MAR 11 1968 A.D. F	E Fallena	The wote was	1211 Cho	saco Avenue
TOTAL TALLOUD GLOCIAL		1 11/1/1/1/1	1	- In ame

Thelip Ferech



	71112	BALTIMORE CITY	HEALTH DEPARTMENT	8- 2705
BIR	68- 27	05 CERTIFICA	TE OF DEATH REG. NO.	0- 2703
(Ту	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	PHILLIPS NOUNCED DEAD	2. DATE AND HOUR OF DEATH 3-7-68 [14. USUAL RESIDENCE (Where deceased lived, If institution:	residence before odmission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INS SPITAL OR ADDRESS OR LOCATION) STITUTION THE JOHNS HOPKINS HOSPI	STITUTION, GIVE STREET	MARYLAND CITY OF BALTIMOS C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER 3447 CHESTNUT AVENUEN	
5.	SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 3-13-09 9. AGE (In years lost birthdoy) Months	er 1 Yr. If Under 24 Hrs. Days Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B. KIND to during most of working life, even if retired)			IZEN OF WHAT COUNTRY?
	Hat Blocker		Md.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	MARVIN PHILLIPS		MATTIE KNIGHT	
1 S. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Ave.
	? ?	?	Donald M. Phillips Sr.311	4 Remington
NOI	(This does not mean the mode of dying, eheart laiture, asthemia, etc. It means the disectinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it only, giverise to the above cause (A) stating UNDERLYING CONDITION last.	ing (B)	ASCVD A CONSEQUENCE OF:	54rs
CERTIFICATI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	-0.00000	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
CAL CER	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or about 21C/WHERE DID (If in Boltimore City, gi	ve exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		
	22. I certify that (I) (This haspital) attended that (I) (we) last saw the deceased alive of		19 6 8 and that In(my) (aur) apinian de	3-7 1968 , ath accurred an the date
	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)		238, DA	17-68 Hospital
	REMOVAL (Specify)	NAME of CEMETERY of CR		
1 1		Good Shepherd	Howard County	ADDRESS
23		a Green and	Austin E. Donovan-3818 R	
VS	150-REV. 1/1/68	700	Tras offi E. Dollovali- 3010 H	OTAIIO NVE.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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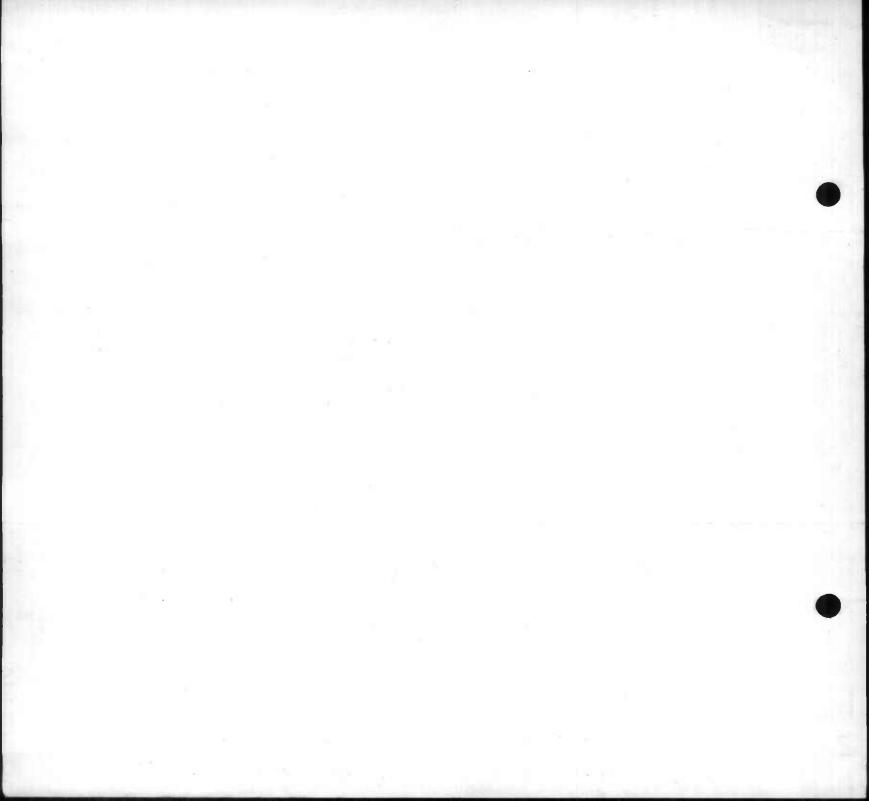
-		BALTIMORE CITY	HEALTH DEPARTMENT		68- 2706
of	624 68- 8	706 CERTIFICA	TE OF DEATH	REG. NO	00 2700
	TH NO.	CERTITICA			
(Ty	AME OF DECEASED Por Print Frizzell, Nellie A	l.		ch 7, 1968	
	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Who	ere doceosed lived. If	institution; residence before admission
FU	o Iton H ill N ursin & (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	Conv. Center	Md.	,	for 17
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. N	ISIDE CITY LIMITS?	
-	71		B altimore		YES NO
-	70		3908 W. Bolds	spring Lane	21215
s. s	77 White	RIED NEVER MARRIED DIVORCED DIVORCED	1/24/85	9. AGE (In years lost birthd	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
T	e during most of working life, even if retired)		Salem, New Jer	sey	U.S.A.
13.	Lawder, Samuel		Moore, Minnie	ME	
	Was Deceased Ever in U. S. Armed Forces? i,no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1400 J	ohn St. ADDRESS
		212 09 0146	Admission Reco	rd Bolton	Hill Nsg. Hom
	18.77.32 9	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ATION	DISEASES OR CONDITIONS, if any, grise to the above couse (A) stoling UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	the (C)	A CONSEQUENCE OF:		
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, or etc.)	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltim	ore City, give exact location)
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
S	(APPROX.)	While At Not While Work At Work			, ,
	22. I certify that (I) (this haspital) atten		1.4.	19 to	3/4/68 10
	that (I) (we) last saw the deceased alive	3/4/68		.19ta	pinion death accurred an the da
		/			prinon death decorred an the de
	and haur and fram the causes stated aba	vey (1) (We (die) (did not)	riew the bady after death.		23B, DATE SIGNED
o-management of		Athe	ending Med.	Staff [3/0/18
	Alla Jan	Representation Phy	s. Director	Phys.	10/00
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		, ,
	Hollis Seunarine	M. Derree	930 Whitelock		
244	REMOVAL (Specify) 24B. DATE 2	4C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION	City, town, or county) (Stote)
Bı	1-3 h n 20/4 h	Vestminster		Westminster	Md.
25 A	. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	MAR 11 1968 Report	. Stateley MA	G. Howard Str	ong 3207 W.	North Ave
vs	150-REV. 1/1/68				

PARIMINAT CEREBRAL TREEMBERS

IMPORTANT DIRECTOR: FUNERAL

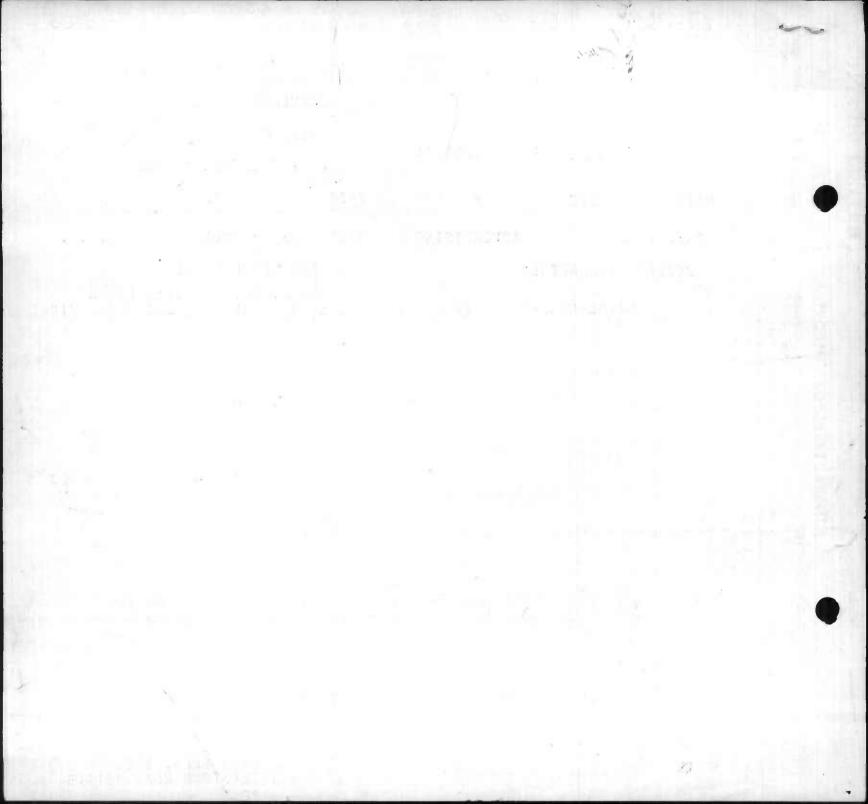
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. - 2707 CERTIFICATE OF DEATH Such cause of death cause; (5) Deceased 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 3 UO 1968 SCHLEIN ACK 4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance C. CITY OR TOWN (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR DE CITY LUMITS NO HOSPITAL PROVIDENT prior E. STREET AND NUMBER contributing occurred 4729 BEAUFORT (4) Undetermined regular Dom 9. AGE (In years 5/ SEX If Under 1 Yr. Months: Doys If Under 24 Hrs. B. DATE OF BIRTH 6. RACE 7. MARRIED NEVER MARRIED lost birthday) Hours deceased WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY VI. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) WSa MARYLAND MOTHER'S MAIDEN NAME JALES MAN CAN COMPANY SID 13. FATHER'S NAME the SHIRLEY DAVID eath LO 15. Was Deceased Ever in U. S. Armed Forces?
(Yes,no or unknown) (If yes, give wor or dates of service) ADDRESS 6, SOCIAL kind final SECURITY NO. attendance 09-4611 ES MWII APPROXIMATE INTERVAL any pronounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. Il meons the diseose, ular the chief medical examiner examiner. (B) DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused death,) ANTECEDENT CAUSES 0 10 are DISFASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the physician UNDERLYING CONDITION lost. the remains Was п 420,1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 0 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID OR CONTRIBUTING CAUSE OF (5) (If in Boltimore City, give exact location) where home, lorm, foctory, street, office bldg., INJURY OCCUR? to the hospital å DEATH (notify medical exominer) nature; by obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 9 approved Not While (except While At (A PPROX.) Work At Work and any 22. I certify that (1) (this haspital) attended the deceased fram 1968 ond that in (my) (our) opinion death occurred an the date that (1) (we) lost saw the deceased alive on... hospital o eath) ond hour and fram the causes stoted above. (1) (We) (did) (did not) view the body after deoth. must was released accident 238, DATE SIGNED 23A. SIGN ATURE Attending 2 Med. 0 Phys. Director __ approval 0 23 C. PHYSICIAN'S 23D. ADDRES prior ŧ NAME (Type) An Z 24A. BURIAL CREMATION, 248. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased D.O.1 REMOVAL (Specily) 3/8/ HEBREW CARMEC 25C. FUNERAL DIRECTOR 2SA, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/6B

(Stote)

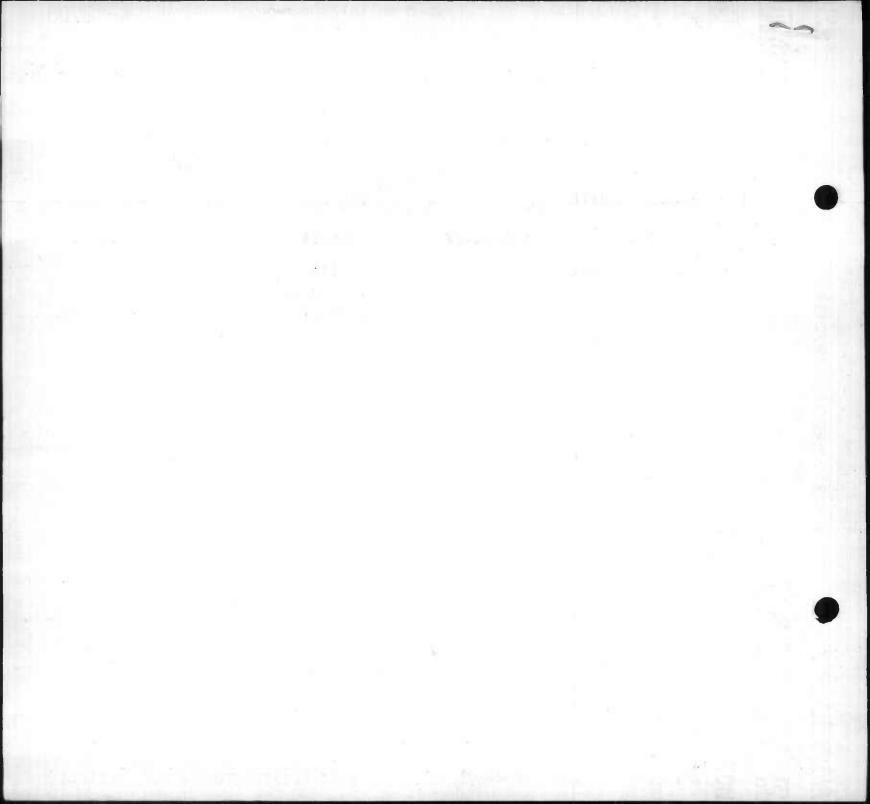


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

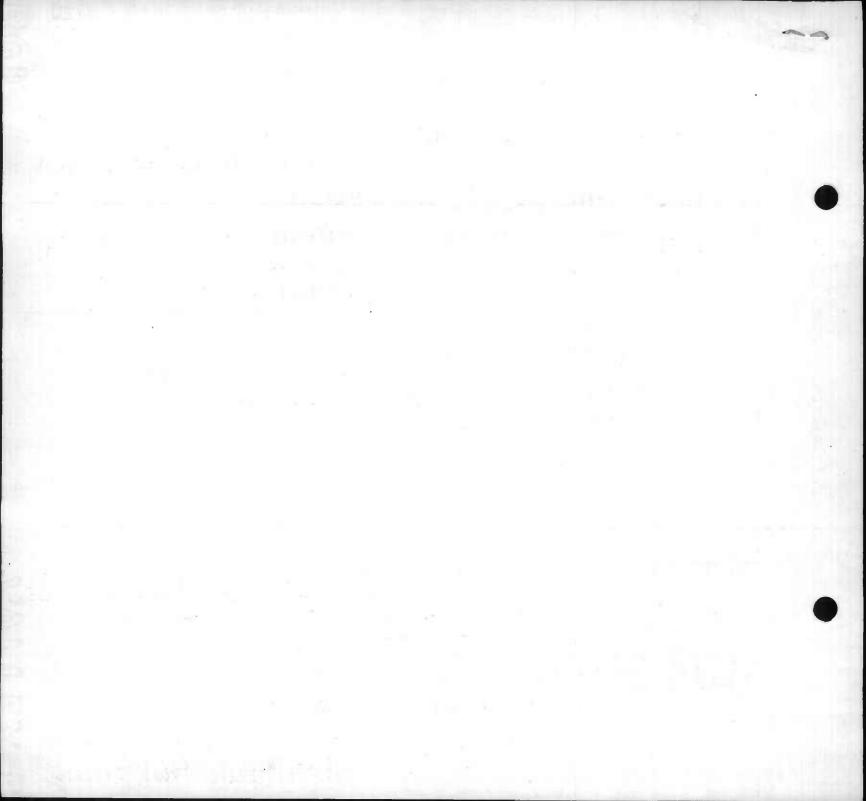
00	BALTIMORE CITY	HEALTH DEPARTMENT		00 000
0-355 68-6	2708 CERTIFICA	TE OF DEATH	REG. NO	68- 2708
INAME OF DECEASED	7		D HOUR OF DEATH	
(Type or Print) LEW15	M. OTTENH	EIMER PM	APCHE.	19681 2A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	o deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	NSTITUTION, GIVE STREET	MARYLAND		
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. NS	IDESCITY HMITS?
110 5,000		BALTIMOR	E	VES X NO NO
42 SINIA 1	HOSPITAL	E. STREET AND NUMBER		
			TMORE AVE	
MAK			ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE WIDO	(A)	8-24-1895	72	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)				
EXECUTIVE AT	VERTISING	BALTIMORE, M.	ARYLAND	U.S.A.
JOSEPH OTTENHEIMER 5. Wos Doceosed Ever in U. S. Armod Forces?	1 6. SOCIAL	REBECCA MER		ADDRESS
(lf yos, givo wor or dotos of serv	SECURITY NO.	MR. JOEL D. F		st FLOOR
NAVAL RESERVE	217-05-7115		CENTER, B	ALTIMORE 21201
18. 4/219 I	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- COP P	unine t	1210 61
(This does not mean the made of dying,		A CONSEQUENCE OF:	The State of the S	The Court of the
hearl failure, asthenia, etc. II means the disc injury or complication which caused death.)	eose,			
ANTECEDENT CAUSES	(a) CHOCK	IC CASTRICT	IVE CUMB	Oscar man
DISEASES OR CONDITIONS, if ony, gi	71119	A CONSEQUENCE OF:		
rise to the obove cause (A) stoting UNDERLYING CONDITION lost.	(c) 45	1410		Frange Da
420.0 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT		O Barre	206-20	2. monto
DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A ALIZADEVA (V. a. N. A.	200 15 755 14505	FINDINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinet)	21B. PLACE OF INJURY (o.g., i homo, form, foctory, street, of otc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact location)
OF IN TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
E (APPROX.)	While At Work Not While At Work			
22. I certify that (1) (this hospital) attend			9 65 ta	3 6 19 6 5
that (I) (we) lost sow the deceased alive	3/1	1.		Inion death occurred on the date
			if in (my) (out) op	inion deorn occurred on the dot
ond hour ond from the couses stated above	ve. (I) (We) (did) (did nat) v	new the body offer deoff.		238, DATE SIGNED
77			Staff	3/1/10
23C. PHYSICIAN'S	OEGREE Phy	23D. ADDRESS	Phys. 🗀	1/0/8
NAME (Type) RICHARD KATO		SINAI HOS	PITAL	
24A. BURIAL CREMATION, 24B. DATE 24	OEGREE	MATORY 24D. LC	OCATION (C	ity, town, or county) (State)
REMOVAL (Specify)				
	BALTIMORE HEBR ME OF REGISTRAR	LESC FUNERAL DIRECTOR	LTIMORE,	MARYLAND
MAR 11 1968 Report & Fo	Bound	RSOL LEVINSO	N & BROS.	INC.
VS 150-REV 1/1/AR		6010 REIST	ERSTOWN R	20AD #21215



	B-10 (BALTIMORE	CITY HEALTH DEPART		68- 2709
BIR	16-62-6 68- 2709 CERTIFIED	CATE OF DEA	ATH REG. NO	
1, N	AME OF DECEASED	2.	DATE AND HOUR OF DEATH	
	ANNA BERGER	MA LISUAL RESIDEN	IARCH 8, 1968	12,20 A.M institution: residence before odmission
ا ۵۰	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE	B. COUNTY	manufacture being damanga
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE' ADDRESS OR LOCATION) STITUTION	MARYLA C. CITY OR TOWN	ND	SIDE CITY LIMITS?
	ON SECOURS HOSPITAL	BALTIM	A second	WES X NO
9	ON SECOURS HOSPITAL	E. STREET AND N	UMBER	All and the second
$\frac{1}{2}$	IEX 6. RACE 7. MARRIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	FEMALE WHITE WIDOWED DIVORCE	XX	lost birthdoy)	Months Doys Hours Min.
0A	. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR IND	- MAY 1700	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY
don	e during most of working life, even if retired) RETIRED SALESLADY	DUSCIA		U.S.A.
3.	FATHER'S NAME	RUSSIA 14. MOTHER'S MA	IDEN NAME	Hasana
	LOUIS BERGER	CELIA		
IS.	Was Deceased Ever in U. S. Armed Forces? s, no of unknown) (If yes, give wor or doles of service) 1 6. SOCIAL SECURITY NO.	MR. JOSEF	OH REDGED	ADDRESS
	NO		STRATHMORE AL	VENUE #21209
	18. 410.9 CAUSE OF	DEATH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	MYOLAR		ICH
	(This does not mean the made of dying, e.g., DUETO.	TE CAUSE DR AS A CONSEQUENCE OF		
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	ARTERIOSCI	LEROTIC CUI	
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, if ony, giving DUE TO,	OR AS A CONSEQUENCE (DF:	
	UNDERLYING CONDITION last. (C)			
z	420.1 11			
VIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	0			
AL C	OR CONTRIBUTING CAUSE OF home, form, foctory, str	(e.g., in or obout 21C. WHE eet, office bldg., INJURY O	RE DID (If in Baltim	are City, give exact lacotian)
DICA	DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	215 404	/ DID INJURY OCCUR?	
ME	OF INJURY While At No	t White	DID INJURY OCCUR:	
	Work At	Work		CAPT IN
	22. I certify that (I) (this haspital) attended the deceased from	19 17	19 17 to	SEPT 1968
	ond hour ond from the couses stoted obove. ((1) (We) (did) (dld			pinion deoth occurred on the dot
	23A. SIGNATURE	not) view the body offe	er deotn.	23 B. DATE SIGNED
	186 John M	Attending Med.		3-8.68
	23C. PHYSICIAN'S	23D. ADDRESS	11173.	3 0 0
	AIDAN E. WALSH	715 N.	. CHARLES STRI	EET
244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	VE ONEL		City, town, or county) (State)
	BURIAL 3-8-68 MOSES MON		BALTIMORE,	MARYLAND
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SOL LE	VINSON & BROS	. INC.
4/	R 11 1968 Relate & Farbura	6010 RI)AD #21215
15	150-REV. 1/1/6B			

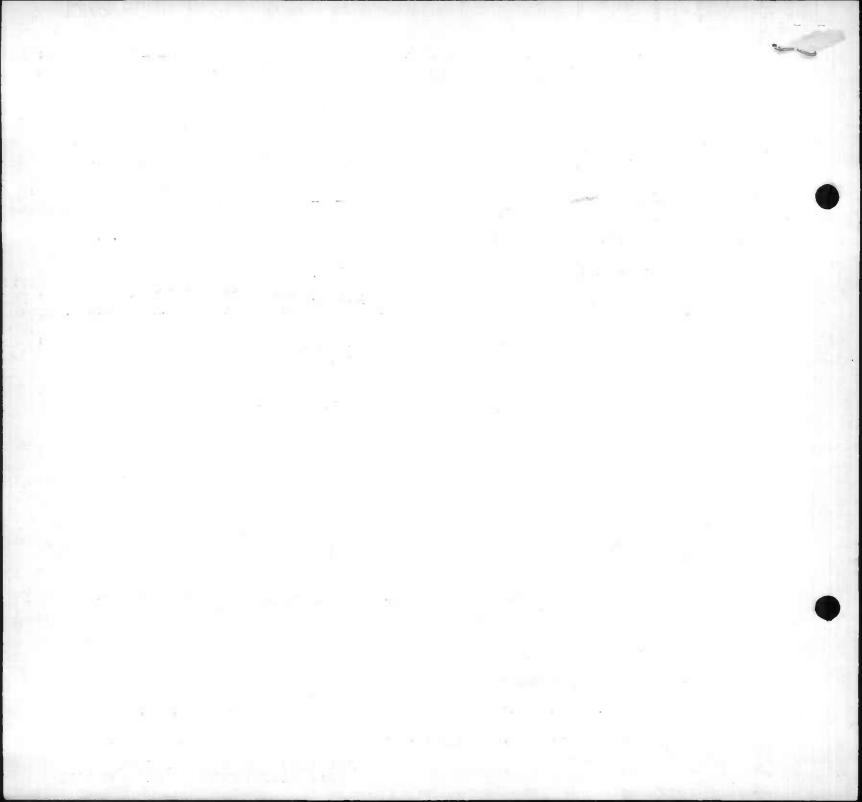


4-121 68-27	BALTIMORE CITY	HEALTH DEPARTMENT	6	8-2710
H-620	CERTIFICA	TE OF DEATH	REG. NO.	0 10 2.0
I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print)				0.20 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NO UN CED DEAD	MARCH 4. USUAL RESIDENCE (Where delay STATE B. COUNTY	8 1968 deceased lived. If institution	9:30 A.M. residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	DMINSIDE CIT	LIMITS
7224 PARK HEIGHTS AVEN	UE, APT. A	BALTIMORE E STREET AND NUMBER	y's[NO
60			EIGHTS AVEN	UE. APT. A
5. SEX 6. RACE 7. MARRI	ED X NEVER MARRIED		AGE (In years If Un t birthday) Month	nder I Yr. If Under 24 Hrs.
FEMALE WHITE WIDOW	ED DIVORCED	JULY 4,1906	61	
(IA, USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	111. BIRTHPLACE (State or foreign	country) 172, C	HIZEN OF WHAT COUNTRY?
HOUSEWIFE A	T HOME	BALTIMORE, M	ARYLAND	u.s.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ZALMAN COHEN	11/ 200141	SARAH MASSI	NG	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	security NO.		HARK	63%
NO			HTS AVENUE.	APT. A
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, etc.) It meens the disease		JSE ALL HEAD A CONSEQUENCE OF:	Freder	BETWEEN ONSET AND DEATH
injury or complication which coused death.)	Tex			P
ANTECEDENT CAUSES	(B)	million 10	20 cm	
DISEASES OR CONDITIONS, if ony, giv	iii g	A CONSEQUENCE OF:	4.9	4)
rise to the obove couse (A) sloting UNDERLYING CONDITION lost.	(C)			21
1 1/4 1 X	\9/			8
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART) (A).			1	
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FINDIN	GS CONSIDERED
198. CONDITION FOR WAS PERFORMED			IN CERTIFYING CAUSES C	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
S OF INJURY	While At Not Whi			
	Work At Work	-	10	0 10
22. I certify that (I) (this haspital) attende	ed the deceased fram	10 0 19	(O) ta Noch	0 1990,
that (I) (we) last saw the deceased alive (on March 6	1960 and that	in(my) (our) apinian d	leath accurred an the date
and haur and fram the causes stated abave	e. (I) (We) (did) (did 1881)	view the bady after death.		
23A. SIGNATURE	P		23 B, D	ATE SIGNED
XIIO and Calle	DEGREE Phy	ending Med. St.	off ys.	
23 C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
	APPELFELDDEGREE	66 9 REISTER	STOWN ROAD	
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CR		ATION (City, tow	n, or county) (State)
BURIAL 3-10-68	MIKRO KODESH	BETH ISRAEL	BALTIMORE,	MARYLAND
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR II 1000 A A A T		COLLEGE INTROVER	6 72 73 74 C T 14	
WALL TOO OF DE STE	La Compa	SOL LEVINSON 6010 REISTER	STOWN ROAD	#21215



VS 150-REV. 1/1/68

_	2 . / 2 0		BALTIMORE CITY	HEALTH DEPARTMI	ENT	68- 2	2711		
110	68-	2711	CERTIFICA	TE OF DEA	TH REG. NO)			
	TH NO.		TH ZOLADZ		ATE AND HOUR OF DE	ATH O GO	2 4T • 35P		
Тур	De or Print)	OCA	D		3/8/6	8-0-00	1 33 · 8 m		
3. 1	PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONDUNCE	DEAD	4. USUAL RESIDENCE A. STATE 8.	E (Where deceded lived	. If institution; reside	ence before odinission)		
FU	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATI	OR INSTITUTION,	, GIVE STREET	MARYLAND			~ 1		
IN!	SPITAL OR ADDRESS OR LOCATION BALTIMORE CITY H			C. CITY OR TOWN	10	THIS DE CLTY LIMIT	52		
-	4940 EASTERN AVE			BALTIMORI		VES X	WINO [
2	BALTIMORE, MARYI			5529 NOME AVENUE #21215					
-				B. DATE OF BIRTH	9. AGE (In years		Ye If Hadas 24 His		
	Total and the	MARRIED X NE			lost birthdoy)	Months Do	Yr. If Under 24 His.		
0.4	USUAL OCCUPATION (Give kind of work) 10	WIDOWED	DIVORCED	5-20-00	67	12 CITIZEN	OF WHAT COUNTRY?		
	e during most of working life, even if retired)				or lovely. Couliny,				
	HOUSEWIFE	AT HOM	(E	POLAND		U.S.A			
3.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
	JOSEPH ENGEL			UNKNOWN			4-117		
	Was Deceased Ever in U. S. Armed Forces s, no or unknown) (If yes, give wor or dotes o		OCIAL ECURITY NO.	17. INFORMANT	Extribite xXX	ADZ AL	DDRESS AVE		
	NO	061	1-12-0230	AS AS	A XISTERVIX A	YEV.Y.Y BALVIN	25529 NOME		
	18. 3 4 8 0		CAUSE OF DEAT			Ä	PPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIREC	CTLY		0		DOD			
	LEADING TO DEATH (This does not mean the made of death)	vina o a	(A) IMMEDIATE CAL		ATORY	7166			
	heart failure, asthenia, etc. It means th	e disease,	DUE TO, OR AS	A CONSEQUENCE OF:					
	injury ar camplication which caused de	eath.)	Dans.	7000	1	. 8.			
	ANTECEDENT CAUSES (B) HMYOTROPHIC LATERAL JCLEDOSIS								
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: tise to the above cause (A) stoting the								
	UNDERLYING CONDITION last. (C)								
7	356.1 II								
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED								
ERTIFI	WAS PERFO		, o. Ekanton	NO	IN CERTIFYING	CAUSES OF DEA	TH?		
CE	2TA. ACCIDENT WAS UNDERLYING	21B. PLAC	E OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (If in 8c	oltimore City, give ex	roct locotion)		
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	n, toctory, street, o	fice bldg., INJURY OC	CU R?				
DIC	21 D. TIME (Month) (Doy) (Year)	RY OCCURRED	21F. HOW E	DID INJURY OCCUR?					
ME	(APPROX.)	While At							
	WOIK AT WORK								
	2. I certify that (0 (this haspital) aftended the deceased fram 3 DCCOM, 567-196 (ta 57) Tec. 17 19 6								
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.								
	Attending Med. Stoff M								
	relieus. 10th	sueur	DEGREE Phy	s. Directo	r Phys.	OMA	RCH (168		
	NAME (Type)			23D. ADDRESS BALT	IMORE CITY H	OSPITALS			
	MELVYN S. TOCKMAN			4940 EASTER	N AVE. BALT		224		
244	REMOVAL (Specify)	24C. NAME o	of CEMETERY of CR	MATORY	24D. LOCATION	(City, town, or co	ounty) (Stote)		
	BURIAL 3-10-68	PROGRE	ESSIVE RU	DOMER VERE	IN, ROSEDA	LE, MARYL	AND		
254	40 3 1 4000 0 6	B. NAME OF REC	GISTRAR	SOL LEV			ADDRESS		
100	44 TT 1209 OFFINE	, stables M		6010 RE	EISTERSTOWN	ROAD #	21215		

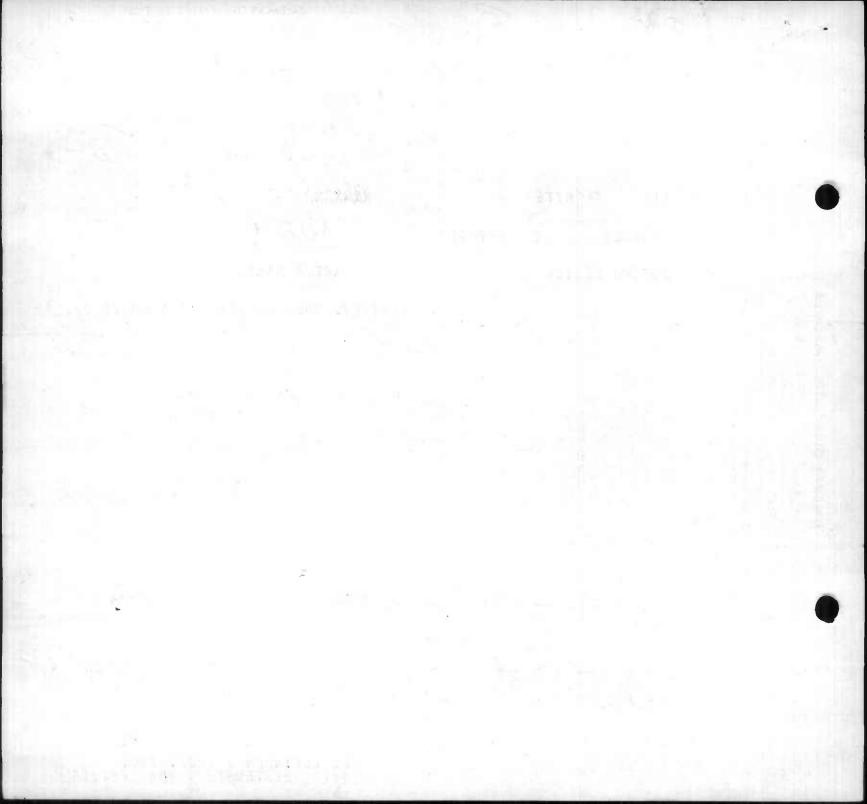


CERTIFICATE OF DEATH pital and of death Such Deceased BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO 6 hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR INSTITUTION C. CLEY OR TOWN cause; attend 0 prior E. STREET AND NUMBER contributing (4) Undetermined regular Pom B. DATE OF BIRTH 9. AGE (In years S. SEX 6. RACE 7. MARRIED NEVER MARRIED deceased lost birthda HITH WIDOWED ALE DIVORCED disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) death Ξ RETAIL MANAGER ō Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the dire JOSEPH HONICK MARTHA SALTZMAN IMPORTANT HO death 17. INFORMANT kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 5-10-7994MRS. 6648 ROSE HONICK. any 1B. pronounced DISEASE OR CONDITION DIRECTLY 50, embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ular heart failure, asthenia, etc. It means the disease, examiner DIRECTOR: injury ar camplication which caused death.) ANTECEDENT CAUSES who 0 10 CONSEQUENCE OF: are DUE TO. OR AS A 4 DISEASES OR CONDITIONS, if any, giving (3) Ihe abave cause (A) stating the = physician UNDERLYING CONDITION last. the remains Was medical burns: 11 502.0 FUNERAL ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief (2) Body 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) CERTIFIC 19A. DATE OF OPERATION the 0 WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, loim, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING where OR CONTRIBUTING CAUSE OF hospital MEDICAL ON (9) DEATH (notify medical examined nature; by 21 D. TIME (Hour) 21F. HOW DID INJURY OCCUR? obtained (Month) (Doy) (Year) 21E, INJURY OCCURRED OF INJURY (except Not While While At (APPROX.) Work At Work pup the any 22. I certify that (1) (this hospital) ottended the deceased fram 9 that (1) (we) last sow the deceased alive on must be of death) hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the bady ofter death. was released accident 23A. SIGNATURE Attending [Med. Staff 0 Phys. Director L Phys. approval ō 23D. ADDRESS 23C. PHYSICIAN'S prior ŧ NAMETType (1) An 4 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION 24B. DATE D.O. deceased the body REMOVAL (Specify) written shows: SHAAREI TFILOH BALTIMORE. 3-8-68 258. NAME OF SID REGISTRAR 3

BALTIMORE CITY HEALTH DEPARTMENT

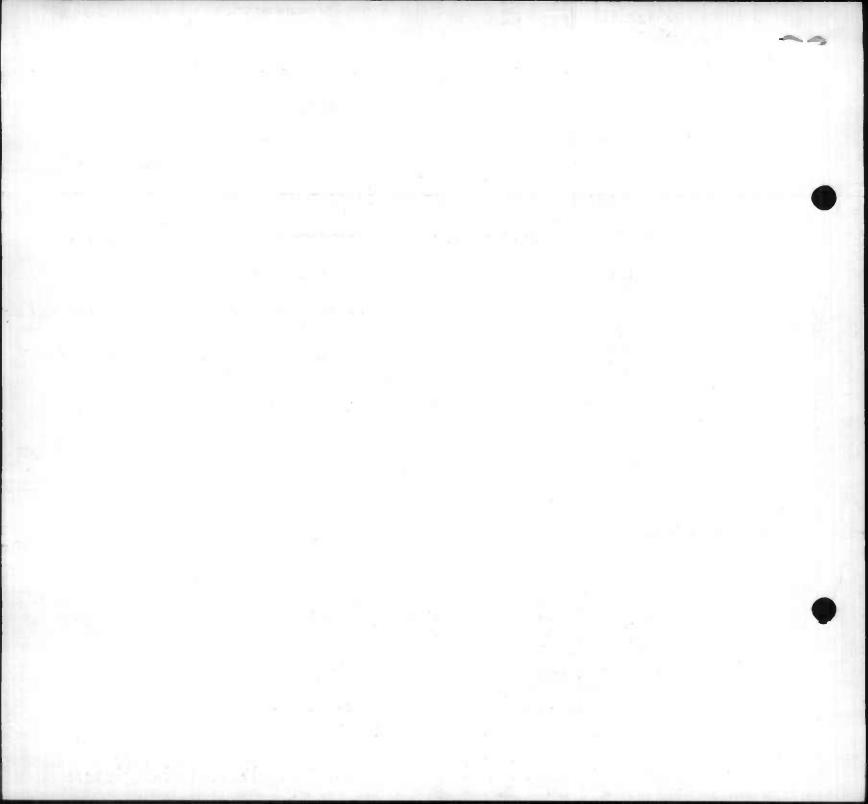
68- 2712 D. INSIDE CITY LIMITS? NO YES L If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county) (State) MARYLAND ADDRESS & BROS. INC. RFISTERSTOWN ROAD #21215

VS 1S0-REV. 1/1/6B



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital any the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

2 ,	(00			HEALTH DEPARTMENT		oc omiti			
BIRTH NO.	28 68	- 2713	CERTIFICA	TE OF DEATH	REG. NO	68 2713			
1. NAME OF	DECEASED			2. DATE	AND HOUR OF DEATH				
	HAKKY E			MARCH 6, 1968 1 1 A.M.					
	N BALTIMORE, MARYLAND, V			A. STATE B. CO	here deceased lived. If it UNTY	nstitution: residence before admission)			
FULL NAM HOSPITAL	E OF (IF NOT IN HOSPI' OR ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	MARYLAND C. CITY OR TOWN D. LINSIDE CITY LIMITS?					
	I HOSPITAL			BALTIMORE		YES X NO			
42				E. STREET AND NUMBER	NSBERRY AV	EMILE			
5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.			
MALE		WIDOWED	DIVORCED	11-15-1887	lost birthdoy) 80				
	OCCUPATION (Give kind of wor nost of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY			
	RIETOR		MPLOYED	ENGLAND		U.S.A.			
13. FATHER		DCL C		14. MOTHER'S MAIDEN N	IAME	W. S. M.			
TCAA	C BLOCK			RACHEL	2				
15. Was Dec	ceosed Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS			
	known/ lif yes, give wor or dor	es of service/	SECURITY NO.	UD LEAULDO	DIAOV 700	1 22442744 24			
18.	100		CAUSE OF DEAT		BLOCK, 720	APPROXIMATE INTERVAL			
7	DISEASE OR CONDITION D	IDECTIV	CALOUS OF DEAT			BETWEEN ONSET AND DEATH			
	LEADING TO DEATH			- Pir ou and	1. l. G:	1 11:			
	aes nat mean the mode a		(A) IMMEDIATE CAL	SE CONSEQUENCE OF:	a celloun	sendin			
	ailure, asthenia, etc. Il mean: ar camplicatian which cause:			•					
	ANTECEDENT CAUSES On the state of the state								
DISEAS	(B) Wet the receive please legic as t								
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:								
UNDER	RLYING CONDITION last.		(C)						
	20.1		1						
	IGNIFICANT CONDITIONS CO		bl.	att.					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).								
19A. DA	TE OF OPERATION 198 COI	NDITION FOR W RFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
TR.				nu					
OR COL	CCIDENT WAS UNDERLYING THE CAUSE OF (notify medical examiner)	21 B. home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimo	re City, give exoct location)			
21 D. TIA		(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?				
S OF INJU			e At Not Whi						
		Worl				1.			
22, 1 c	ertify that (1) (this hespita	al) attended th	e deceased fram	9/30	1943 to 3	19 68			
that (I)	(we) last saw the deceas	ed alive an	tel 23	19 G and	that In(my) (grur) ap	inian death accurred an the date			
and ha	ur and fram the causes sto	ated abave. (1)	(We) (did) (did nat)	iew the bady after deat	h.				
23A. SIG	NATURE					23B. DATE SIGNED			
Lil	3/6/68								
23C. PH	YSICIAN'S	MI	DEGREE	s. Director L.	Phys. LJ	1 -1 -1 -0			
NA	LOUIS V.	RIIIM		3502 W. ROGE	EDS AUFNIIF				
24A. BURIA	L CREMATION, 24B. DATE		ME of CEMETERY OF CR		LOCATION (C	ity, town, or county) (State)			
REMO	VAL (Specify)		KNESSETH I	NSHE STARU	20000115				
	REC'D BY HEALTH DEPT.	25B. NAME Q			00	ARYLAND			
MAR	11 1968 R.P.	5 2 July	Lee MA	SOL LEVINS		INC.			
VS 150-REV		व सन्तव जन्मान		6010 REIS	TERSTOWN RO	AD #21215			
- 7 120-1/F A	+ 17 11 V V								



24C. NAME of CEMETERY or CREMATORY

Lake View Mem. Pk.

258. NAME OF REGISTRAR

24A. BURIAL CREMATION,

Burial 9/

REMOVAL (Specify)

24B. DATE

MAR 11 1968 P.D. 1 2 Far Downer

JOHN F. DENNY, INC. 715 Light St.

25C. FUNERAL DIRECTOR

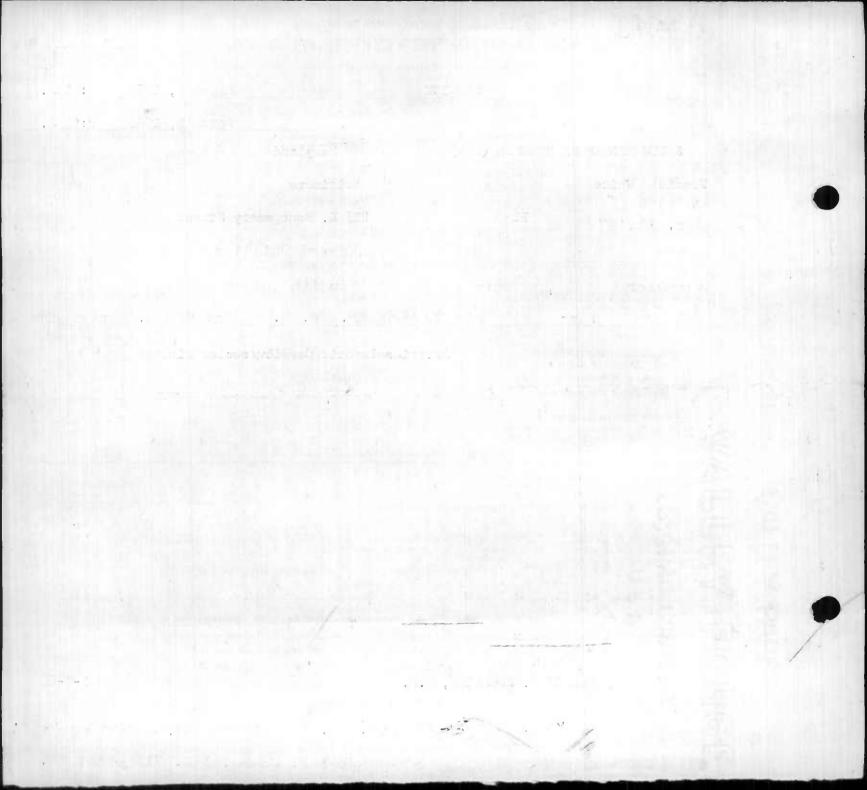
24D. LOCATION

ADDRESS

(State)

(City, tawn, ar county)

Liberty Rd. & Oakland Mills

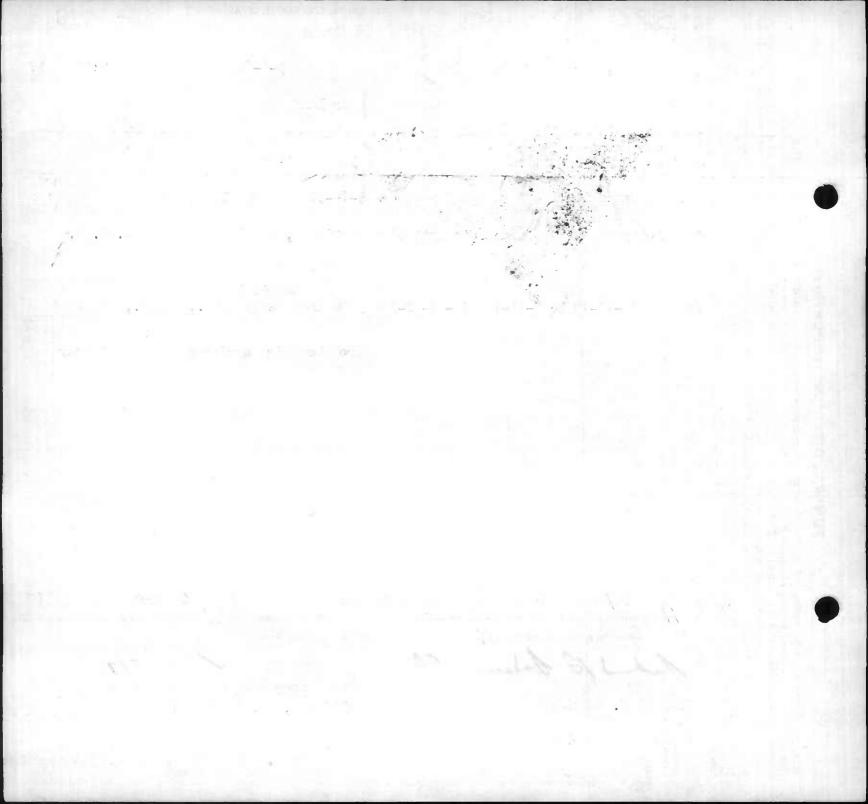


1 /	BALTIMORE CITY HEALTH DEPARTMENT 68- 2715							
610	CERTIFICATE OF DEATH							
1. N	IRTH NO. NAME OF DECEASED							
(Ту	pe or Print) Bentha Bar	ton	Mar	ch 2, 196	18 4 43 PM			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PE	4. USUAL RESIDENCE (Where	e deceased lived. If inst	titution: residence before admission)				
FU	LL NAME OF (IF NOT IN HOSPITAL OR I	Manyla	1000	-04				
IN	STITUTION	C. CITY OR JOWN D. MINSTON CITY LIMITS? YES D NO						
21	Balton Will nurses	ng T	E. STREET AND NUMBER	AC	YES NO NO			
16	Canadalescent Cent	th	1950 111	Lalayet	te ave.			
S.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED		ast birthday	If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.			
	Female Coloned WIDG	WED DIVORCED	9/8/83	84				
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	jn country)	12. CITIZEN OF WHAT COUNTRY?			
			Virginia U.S. 4					
13.	FATHER'S NAME							
	Was Deceased Ever in U. S. Armed Forces? s,na ar unknawn) (If yes, give war ar dates of ser	17. INFORMANT ADDRESS						
		215-03-928	Botton Sill Nurs. + Cond. center 4/60 god.					
	18. 4/0.9	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		00	0 0 00	2 2			
	(This does not mean the made of dying,		A CONSEQUENCE OF:					
	hearl failure, asthenia, etc. It means the dis injury or camplication which caused death.)	ease,	1.					
	ANTECEDENT CAUSES	(0)	Marcarli	D Sulver	L kun			
	DISEASES OR CONDITIONS, if any,	A CONSEQUENCE OF:						
	rise to the above cause (A) stating UNDERLYING CONDITION last.	AS Carden	- Desour	e her Grows				
	420.1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM							
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE FI	NDINGS CONSIDERED			
CERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore	City, give exact lacation)			
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, a	mice biog., INJORT OCCOR:					
EDIC	21D. TIME (Month) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
2	S OF INJURY (APPROX.)	While At Wark Not Whi At Wark	le 🔲					
	22. I certify that (I) (this hospital) attended the deceased from 10 (3 Cac 19 ta 3 2 19 6V.							
	that (1) (we) last saw the deceased alive an 12 12 10 19 and that in (my) (aur) apinion death accurred on the date							
	and haur and from the causes stated abo	ve. (I) (We) (did) (did nat)						
	23A, SIDNATURE	1000			23B. DATE SIGNED			
	Mollel	Ath Phy		Staff Phys.	SIZLON			
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
	JOHN CLATK	MD DEGREE						
24		4C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City	, town, or county) (State)			
	B 3/9/68	mt Cubu	- a- 1	3 alto	me			
25.	A. DATE REC'D BY HEALTH DEPT. 258. N.	ME OF REGISTRAR	25C FUNERAL DIRECTOR	AL Rune	2222 ADDRESS nowhe			
	MAR 11 1968 P. C. B. 2.	Fr. Organ	- Carrie V. Cooper-512 Carrofter					
VS	150-REV. 1/1/6B		Chan 4	1 Labor mi	edwich Chas			

the comment that the second of the second Paralle Colorade . " V 19/15 80 . Vargence as a series that we had not a series and

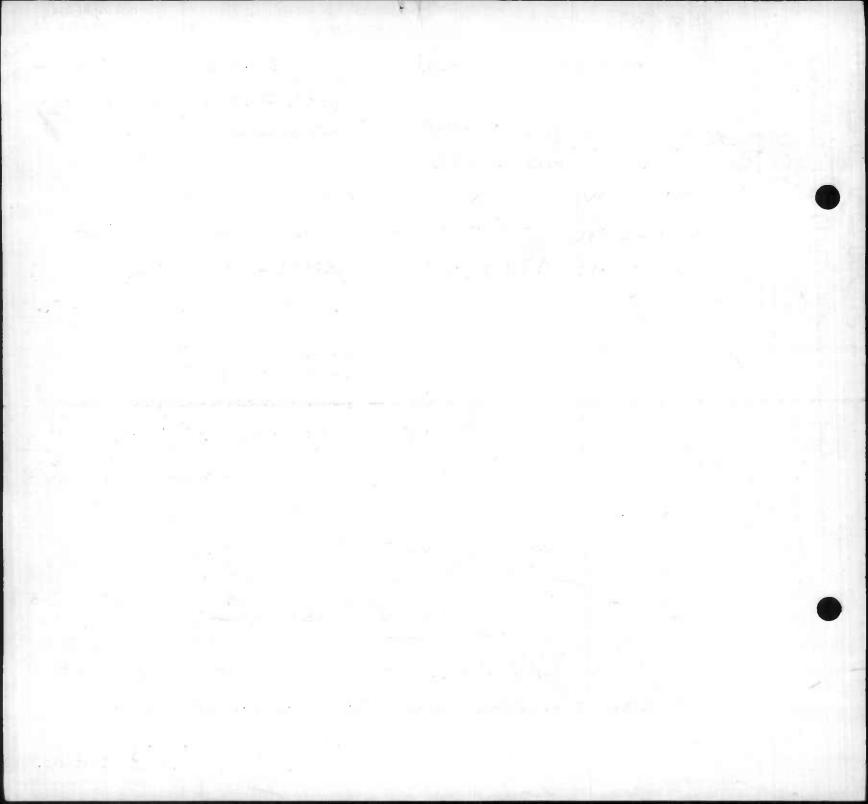
John Clark Me

1	3-3	520 68	2- 27	6 CERTIFICA	HEALTH DEPAR	RTMENT	REG. NO.	68- 27:	16	
sed the the uch	BIRTH NO.) 48.	CERTIFICA	IE OF DE					
O D O	1. NAME O	F DECEASED	473				HOUR OF DEATH	4 .		
Ford.	2 BLACE I	JONES, George			TA DISTIAL RESUR	3-6-6	deceased lived, If in	9:15		
g 0 0 0 t	3. PLACE I	N BALLIMORE, MARILAND, V	ONCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A, STATE 8. COUNTY						
hosp ise and dec	FULL NAM	OR (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Marylan					
se;	INSTITUTIO	n ans Administrati			C. CITY OR TOWN Baltimore D. HYSIDE CITY LIMITS? YES X NO					
in a ng cause; attend ior to	1.0	3900 Loch Raven Boulevard				E. STREET AND NUMBER				
DEL EN	1	more, Maryland 2			3009 Hamilton Avenue					
ribut nine gular ed p	5. SEX	6. RACE	NEVER MARRIED	8. DATE OF BIRT	H 9.	AGE (In years st birthday)	If Under 1 Yr. If Months: Doys He	Under 24 Hrs.		
ntr mr m egue 1se	Male	Caucasion	WIDOWED	DIVORCED [9-18-92		75			
con con record		OCCUPATION (Give kind of wormost of working life, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	1 country)	12. CITIZEN OF WI	HAT COUNTRY?	
or c ndet s in dec		Employee	Bureau	of Sanitation	Baltimor	e. Mary	land	U. S. A		
Sea Cta	13. FATHER			14. MOTHER'S MAIDEN NAME						
rect (4) U wa the ispos	GEORG	E JONES	HENRIETTA CURREAN							
e di ind; eath al d		ceased Ever in U. S. Armed Forknown) (If yes, give war ar date		1 6. SOCIAL SECURITY NO.	17. INFORMANT	Hospita	1 Records	ADDRESS		
I C D O C	Yes			216-01-84-38	3900 Loc	h Raven	Blvd. Ba	Lto., Md 21	218	
if the	18.	1311		CAUSE OF DEAT			,	APPROXIA	AATE INTERVAL	
W . U U E		DISEASE OR CONDITION DI	RECTLY						NSET AND DEATH	
Also, e of noun atter	/Th:	LEADING TO DEATH	dutas as	(A) IMMEDIATE CAL	se Bronchog	genic Co	rcinoma	1 Ye	ear	
er cturchon	heart (does not mean the mode of ailure, asthenia, etc, it means	the disease,	DUE TO, OR AS	A CONSEQUENCE	OF:				
ine act	injury	or complication which caused								
A fr Vho	DISEA	ANTECEDENT CAUSES		(B)	A CONSEQUENCI	F OF:				
exa exa 3) A in r		SES OR CONDITIONS, if to the obove couse (A)		DOE 10, OK AS	A CONSEQUENCE	. 01.			ħ.	
	UNDE	RLYING CONDITION lost.		(C)						
dical lical rrns; rsicio was mair	z 16	2./ II	NITRIBUTING							
f med med y bu phy ian	¥ TO THE	SIGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO 1	HE TERMINAL		****		******			
2000		E OR CONDITION GIVEN IN PAIL TE OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPS	(Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDE USES OF DEATH?	RED	
by a by a 2) Boo e the physicore t	DI 19A. DA	WAS PER	FORMED		No		IN CERTIFIING CA	USES OF DEATH?		
he ph	U 21 A. A	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF	21 B	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21 C. WI	HERE DID	(If in Baltimor	e City, give exact loca	otlon)	
	DEATH	(notify medical examiner)	etc.							
hospita hospita nature; pt whe (6) No ined be	OF INJ	ME (Month) (Day) (Year)		INJURY OCCURRED	21 F. H.O	וטנאו פופ W	RY OCCUR?			
natured cept	₹ (APPRO		Wh	ile At Not Whi	e \square					
he he	22. 1 9	ertify that (1) (this haspita	l) attended t	he deceased fram 6	March	19	68 ta 6 M	arch	19 68 ,	
000.0	that (1	(we) last saw the decease	ed alive an	6 March	19 68	and that	In (my) (aur) apl	nian death accurr	ed an the date	
0077	and ha	ur and fram the causes sta	ted abave.	(We) (did) (dld nat)	iew the bady at	ter death.				
dent dent ospit deat	23A. SIG	SNATURE	1.	MI			/	23B. DATE SIGNED		
2 0 .= - 0	//	suchand It. 8	Inder	DEGREE Phy	nding Me		hys.	3/7/68		
ac ac	23 C. PH	YSICIAN'S IME (Type)			23D. ADDRESS	3900 Loc	h Raven Bo	ulevard		
was rel Man acc A. at a l prior to		HARD H. ANDERSON		OEGREE	_		land 21218			
	24A. BURIA	L CREMATION, 24B. DATE VAL (Specify)	24C. N	AME of CEMETERY OF CR		24D. LO	CATION (C	ity, town, or county)	(Stote)	
body was ws: (1) An b.O.A. at eased pric		rial 3/11/	68 Ba	Itimore Nat	ional	Ra	ltimore	Maryla	nd	
S > S +		REC'D BY HEALTH DEPT.	25B NAME	ltimore Nat	2 EC FUNERA	DIRECTORA	ltenburg	Funeral	Home In	
the sho was deed	A MENN	1 1300 Office to 8	delite.	y file)	600	9 Harf	ord Road			
	VS 150-REV	. 1/1/68								

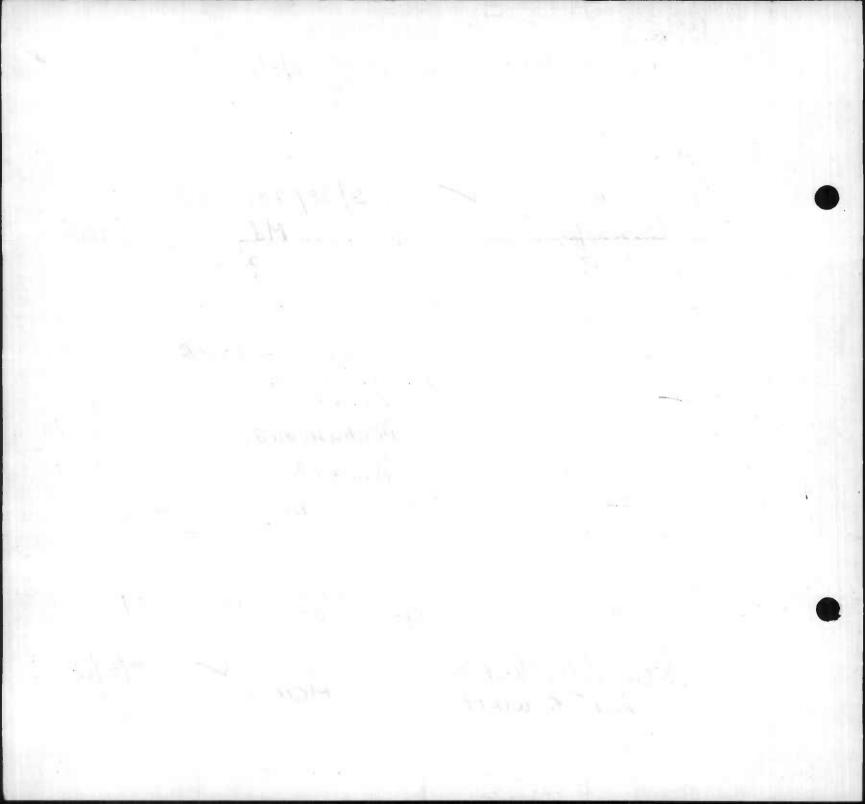


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY	HEALTH DEPARTMENT 68- 2717
H-365 68- 2717 CERTIFICA	TE OF DEATH REG. NO.
BIRTH NO.	2. DATE AND HOUR OF DEATH
(Type or Print) WALTER ADREON	3-10-68 13:25 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	1036 PATADSCO ST #30
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	CCITY OR TOWN D. INSIDE CITY LIMITS?
SOUTH BALT, GEN, HOSP	BACTIMORE DIE
13 12-13 LIGHT ST.	E. STREET AND NUMBER
BALT MD 21230	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Days Hours; Min.
WIDOWED DIVORCED	6-20-10 57
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MECHANIC ELEVATOR CO.	MARYLAND 45A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM ADREON	EMMA KIPPER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
3	Mrs. Betty Seibel 1026 Patapsco \$t
18. CAUSE OF DEATH	· · · · · · · · · · · · · · · · · · ·
DISEASE OR CONDITION DIRECTLY	A -A
LEADING TO DEATH	SE prejocardial reptural & immed.
Heon londre, osmenio, etc. il meons me disease,	A CONSERVENCE OF
injury or complication which caused death.)	1.0.0.1.
ANTECEDENT CAUSES (B) Cloud	e myorardial infarction recent
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	On A: Pa A' - O A'
UNDERLYING CONDITION lost.	oscleratie Cardinascular Visease yrs
z 420. II	. 0 ' 2
	genic Caranona RUL morths
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
NONE WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF home, form, foctory, street, of	n or obout 21C, WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner) NO etc.) NONE	
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INIURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) White At Not White At Work	
22. I certify that 🍪 (this haspital) attended the deceased fram	5-7 1968 to 3-10 1968,
that (4) (we) last sow the deceosed alive on 3-10	
and hour and from the couses stated above. (47 (We) (did) (didnat)	
23A. SIGNATURE	23B. DATE SIGNED
William Wark M.D. DEGREE Phys	nding Med. Staff Phys. 3-10-68
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
WILLIAM J. MAREK M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	SOUTH BALT. GEN HOSP.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
Burial 3/13/68 Holy Cross Ce	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	JOHN F. DENNY, INC. 715 Light St.
MAR II 1968 OLUMBER . MAR	SOUNT. DENTET, THOU ITO TEST



1	A 1 2 4 CO DOTA & BALTIMORE CITY	TE OF DEATH REGINO. 68- 2718
7007	W-364 68- 2718 CERTIFICA	TE OF DEATH
deat deat cease on th	1. NAME OF DECEASED (Type or Print) (WIEDERHOLD MARY &	BELLE 3/8/68 12 A. M.
ospite e of 5) De nce leath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY Balto. Balto.
aus e; (t	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
g c aus	Maryland General Hospital	Reisterstown YES NO
e de la contra del	8 MG H	9 Butler Road
occurribution or contribution	5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
or co ndete s in r dece	done during most of working life, even if retired) Lou Se au Le	Md USA.
direct; (4) Uh wa	John Shriner?	Katherine Gettmann
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
kind dear dear inal	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mr. Frank S. Dudly Jr.
s as if any ced orf	18.4109 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, e of or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) IMMEDIATE CA	USE MASSIVE ANTERIOR. 1 da
er o tron ar a	(This does not meen the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)	ACONSEQUENCE OF: ARAIAL INFARCTION
frac frac o p gulc emb	11 1	ASOVA. URS
Xan Xan Xan Wh Wh	Districts on Constitution, it only, giving	O Charles and A
ical e sal e ns; (3 cian as in		Rhythmia. 1 da
medica nedica burns ohysic an wa rema	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Inulia 1 da-
a r sody he l sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal by y; (2) B here t lo phy before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examiner)	in or about 21C. WHERE DID (If in Bollimore City, give exact location) ffice bldg., INJURY OCCUR?
d by	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ove e ho r na cep nd ((APPROX.) Work At Work	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
of any of any al (ex h); al	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an	19 68 ond that in(my) (aur) opinion death occurred on the date
be nt o nt o pita	ond hour and from the couses stated obave. (I) (We) (did) (did not)	
J 0.5 5 6 -		ending Med. Staff 1
was rely An acc	NAME (Type)	23D. ADDRESS 614 -
ifice y we 1) A. 1) A. d pr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	REMATORY 24D. LOCATION (City, town, or county) (Stote)
body was ws: (1) An b.O.A. at eased pric	Burial 3/11/68 Druid Ridge (emetery Pikesville, Md.
This certif the body shows: (1) was D.O deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	J. F. Eline & Sons Reisterstown, Md.
40 > 0 >	VS 150-REV. 1/1/68	100 . Tours a solution to the solution of the



D 1911 BALTIMORE CITY	HEALTH DEPARTMENT REG NO 68- 2719
BIRTH NO. W-452 68- 2719 CERTIFICA	TE OF DEATH
1. NAME OF DECEASED (Type or Print) ANGELA D. Druss (I. Willi	ams) March 9 1968 3:15 P M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FOR THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND
HOSPITAL OR ADDRESS OR LOCATION) 3-11-68 INSTITUTION THE JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN D. INSIDI CITY LIMITS?
BALTIMORE, MD 21205	BALTIMORE NOT NOT STREET AND NUMBER
Device in the Electrical	410 E. 22½ STREET
MARKIED NEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
FEMALE NEGRO WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	6-4-606-10-60 7 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	MARYLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES WILLIAMS	DIANE DAVIS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II) yes, give wor or dates of service)	17. INFORMANT ADDRESS
5P	Mrs. Diand Fulgham 410 E22th St.
18. S 9 0 XI	Fluid and BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ISE Electrolyte Imbalance 1 month
(This does not mean the mode of dying, e.g. DUETO, OR AS)	A CONSEQUENCE OF:
injury or complication which coused death.)	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION lost,	ed duodenal vicer
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTRIBUTIONS	entinuel gastrointestinal bleeding 3 weeks
U 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
2 19 68 perforated diadenal vicer	No IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or obout 21C. WHERE DID (If in Boltimore City, give exect location)
DEATH (notify medical examiner)	326 Federal Street /205
OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
(APPROX.) & 14 68 Poun Work At Work	February 14 1968 10 March 9 1968.
22. I certify that (+) (this haspital) attended the deceased from that (+) (we) lost saw the deceased alive an	19 6 and that in (my) (our) opinion death accurred an the date
and haur and fram the causes stoted above. (+) (We) (did) (did not) v	
23A STONATURE	23B. DATE SIGNED
and their MY SEGREE Phys	anding Med. Shaff Phys. Phys. 31168
23C. PHYSTCIAN'S NAME (Type)	23D. ADDRESS
DANIEL WEISZ MD, DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CRETERY OF CRE	Johns Hopkins Hospital EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 3-13-68 Mt, CALVARY	
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR II 1958 Of Park II Statement	WMC MARCH 928 E. HATA ALL

60-15999

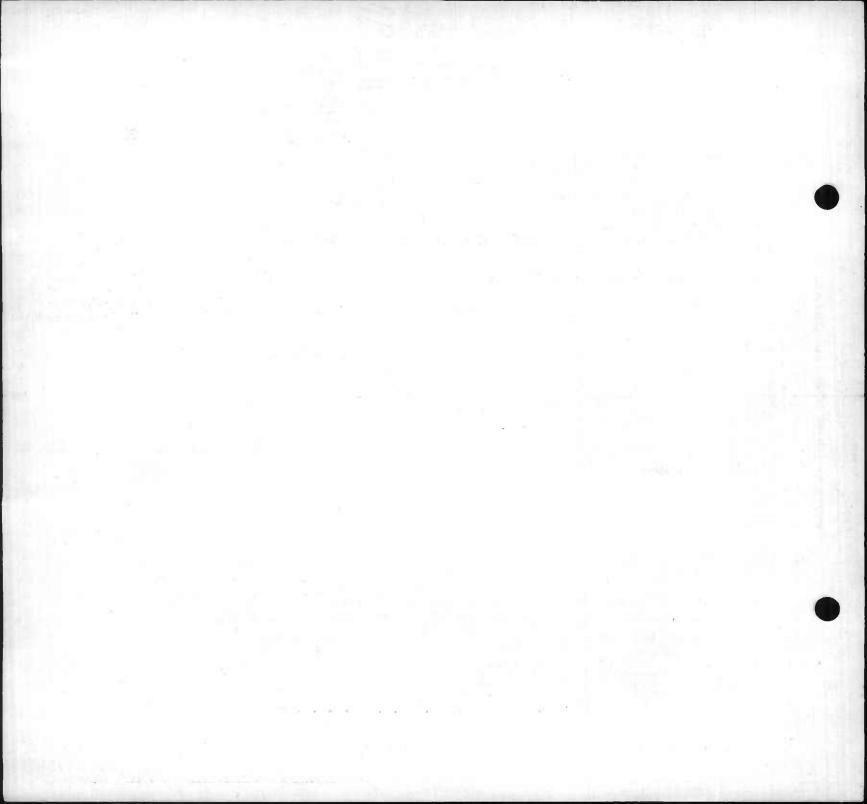
v.s. 153 & B.C. 60-15977 3-14-68

м.н.

Versi mudord. FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

V	n . = = 00 0	BALTIMORE CITY	HEALTH DEPARTMENT	CO_ 2000
11	11-632 68-8	CERTIFICA	TE OF DEATH	REG. NO.
1. N	TH NO. AME OF DECEASED			HOUR OF DEATH
Тур	MURdock. V	iRaiE	3,	16/68 11:10 P.M.
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUNTY	deceased lived. If institution: residence before admission)
FUL	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland	a.a.C. 52-00
HO S NI	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
1	43		Baltimore E. STREET AND NUMBER	YES NO
C	SOUTH BALTIMORE GENERAL	HOSPITAL.	307 Elizabeth A	Venue
		RRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years If Under 1 Yr. II Under 24 Hrs.
F	1	OWED DIVORCED	8/27/01	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	
done	during most of working life, even if retired)	21001110	1/1:05	USA.
13. [FATHER'S NAME	- million of the same	14. MOTHER'S MAIDEN NAME	, OSFI
	alles & B		Od.	E
5. V	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes	(If yes, give war or dates of se	SECURITY NO.	De alla	1 , 307 Exp. and.
	1B. 110 0 1	CAUSE OF DEAT	H Pulmes Pulm	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		0 .	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Cardiar (anest
	(This does not mean the made of dying heart failure, asthenia, etc. It means the d	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
	injury ar camplication which caused death,)	7	
	ANTECEDENT CAUSES	(B) Ca	4 myorad	of infarching
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating		A CONSEQUENCE OF:	
	UNDERLYING CONDITION last.	(c) + V	COD	
_	420.1			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO THE TERM			
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED
E	WAS PERFORME			N CERTIFYING CAUSES OF DEATH?
E E	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i		(If In Boltimore City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF		C LIJ- INITIBY OCCURS	(if it bottimore city, give exact facolion)
_	DEATH (notily medical exominer)	etc.)	ffice bldg., INJURY OCCUR?	in in political city, give exact location,
-	21 D. TIME (Month) (Doy) (Year) (Hou	etc.)	ffice bldg., INJURY OCCUR?	
YE -		etc.) 21E. INJURY OCCURRED While At Not Whil	e -	
ME	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (A PPROX.)	etc.) 21E. INJURY OCCURRED White At Not White At Work Not White At Work	21F. HOW DID INJUR	Y OCCUR?
ME	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (A PPROX.) 22. 1 certify that (X) (this hospital) attention	etc.) 21E. INJURY OCCURRED White At Not White At Work Not White At Work	e 21F. HOW DID INJUR	Y OCCUR?
ME	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. 1 certify that (%) (this hospital) attempts (that %) (we) last saw the deceased alive	etc.) 21E. INJURY OCCURRED White At Not White At Work anded the deceased from	21F. HOW DID INJUR 21F. HOW DID INJUR 3/6/68 19 ond that	Y OCCUR?
ME	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (A PPROX.) 22. 1 certify that (X) (this hospital) attention	etc.) 21E. INJURY OCCURRED White At Not White At Work anded the deceased from	21F. HOW DID INJUR 21F. HOW DID INJUR 3/6/68 19 ond that	Y OCCUR?
ME	21D.TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (X) (this hospital) attempted that (X) (we) last saw the deceased alive ond hour and from the causes stated ob	while At Nort While At Work Not While At Work Nort Work Nort Work Nort Work Nort Work Nort Work Nort Nort Nort Nort Nort Nort Nort Nort	21F. HOW DID INJUR 21F. HOW DID INJUR 3/6/68 19 ond that	Y OCCUR? to
ME	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (3) (this hospital) ofter that (1) (we) last saw the deceased alive ond hour and from the couses stated ob 23 SIGNATURE Amula C - Jalan	while At Not While At Work At Work At Work At Work (I) (We) (did) (did not) vegetal and the deceased from At Work (I) (We) (did) (did not) vegetal and the d	21F. HOW DID INJUR 21F. HOW DID INJUR 3/6/68 19 ond that	Y OCCUR? to
ME	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (X) (this hospital) attempted (Year) (We) last saw the deceased alive ond hour and from the causes stated about 23. SIGNATURE 23. PHYSICIAN'S NAME (Type)	etc.) 21E. INJURY OCCURRED White At Not White At Work Inded the deceased from	21F. HOW DID INJUR 21F. HOW DID INJUR 3/6/68 19 ond that riew the body ofter death.	Y OCCUR? 10
WE	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (X) (this hospitol) often that (X) (we) last saw the deceased alive ond hour and from the couses stated ob 23 SIGNATURE 23C. PHYSICIAN'S NAME (Type) Camilo C. Ba	while At Not While At Work At Work At Work At Work (I) (We) (did) (did not) vegetal and the deceased from At Work (I) (We) (did) (did not) vegetal and the d	21F. HOW DID INJUR 21F. HOW DID INJUR 23 / 6 / 68 19 ond that riew the body ofter death. 23 D. ADDRESS S.B.G.H 1213	y OCCUR? 103/6/68
WE	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (X) (this hospitol) ofter that (X) (we) last saw the deceased alive ond hour and from the couses stated ob 23 SIGNATURE Gamula C. Physician's NAME (Type) Camilo C. Ba	while At Not While At Work Not Work At Work Not Work At Work At Work Not Wo	21F. HOW DID INJUR 21F. HOW DID INJUR 23/6/68 19 19 ond that riew the body ofter death. 23D. ADDRESS S.B.G.H 1213 EMATORY 24D. LOC	y OCCUR? 10
WE	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (X) (this hospital) attential) (we) last saw the deceased alive ond hour and from the couses stated ob 23 SIGNATURE (Apple) (Apple	while At Not While At Work Not Work At Work Not Work At Work At Work Not Wo	21F. HOW DID INJUR 21F. HOW DID INJUR 23/6/68 19 19 ond that riew the body ofter death. 23D. ADDRESS S.B.G.H 1213 EMATORY 24D. LOC	19
WE	21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (X) (this hospital) attential) (we) last saw the deceased alive ond hour and from the couses stated ob 23 SIGNATURE (Apple) (Apple	etc.) 21E. INJURY OCCURRED While At At Work Inded the deceased from	21F. HOW DID INJUR 21F. HOW DID INJUR 23 / 6 / 68 19 ond that riew the body ofter death. 23 D. ADDRESS S.B.G.H 1213	y OCCUR? 10



B B T. (T	2
kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the ice on the deceased prior to death. Such inal disposition is made.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
sistant it death occurred in a hospital and	This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and

1	1/1			BALTIMORE CITY	HEALTH DEPARTME	NT	68- 2721
BIR	11-56 TH NO.	9 68	- 272	1 CERTIFICA			
	AME OF DECE	ME NHORN	CHAI	RLES C	2. DA	3/8/68	3:45 PM M.
3. 1	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD		E (Where deceased lived. COUNTY	If institution: residence before odmission)
HC	LL NAME OF	(IF NOT IN HOSPITA		JTION, GIVE STREET	MD C. CITY OR TOWN		NSIDE CITY NUITS?
4	ST AG	NES HOSPIT	AL		BALT I	BER	VES NO NO
S. S	EV	6. RACE	I7	V	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	MALE	White	WIDOWED [08/10/95	last birthday	Months Days Haurs Min,
don		orking lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	MARYLAND		U S A
13.	FATHER'S NAM	E			14. MOTHER'S MAIDE	IN NAME	
.,	JOH	N MENHORN			MINNIE	XXXXXX Crim	The second second
S.	Wos Deceased I	Ever in U. S. Armed For (II yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,	-, c. c.iniianii/	, co, gr. c noi oi wolc		213 16 913	2 ST AGNE	S RECORDS-V	VILKENS & CATON AV
_	18. // //	101		CAUSE OF DEATH			APPROXIMATE INTERVAL
IFICATION	DISEASES OF TISE TO THE DEATH OF THE DEATH O	R CONDITIONS, if abave cause (A) CONDITION last. I CANT CONDITION CO BUT NOT RELATED TO TO DODITION GIVEN IN PAR OPERATION 198. CON WAS PER!	NTRIBUTING HE TERMINAL TO 1 (A).	(C)	A ONSEQUENCE OF:	frofuse 1	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIF	0		1 1010	**************************************	- Interest	P1D (44 : 2 1)	
CALC	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner	ham etc.	PLACE OF INJURY (e.g., i e, farm, factory, street, at	fice bldg., INJURY OCC	CUR?	imore City, give exact location)
MEDI	21 D. TIME OF INJURY (A PPROX.)	(Month) (Day) (Year)		INJURY OCCURRED Ile At		ID INJURY OCCUR?	
	that (1) (we)	that (1) (this hospital	ed olive on	MARCH 8,			opinion death occurred on the date
	ond hour ond		ted obove. (I) (We) (did) (did not) v	riew the body after d	leoth.	23 B. DATE SIGNED
	N	lichah	lota	Atte Phys	ending Med. Director	Staff Phys.	03-08-68
	23C. PHYSICIAN NAME (Ty	M NICKBAKH			CATON &	WILKENS AV	E BALTO MD 21229
24/	A. BURIAL CREA	AATION, 24B, DATE		AME of CEMETERY or CRI	MATORY	24D. LOCATION	(State)
	REMOVAL (S _I Burial	3-12-19	968 Lor	raine Park Ce	metery	Woodlawn, Ma	aryland
_	MAR	1 1 1968 (C.	25B. NAME C	Jane Marie	SCI PUNERAL DI		ADDRESS 4107 Wilkens A
VS	150-REV. 1/1/6	В			and and	WALKIN !!	

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

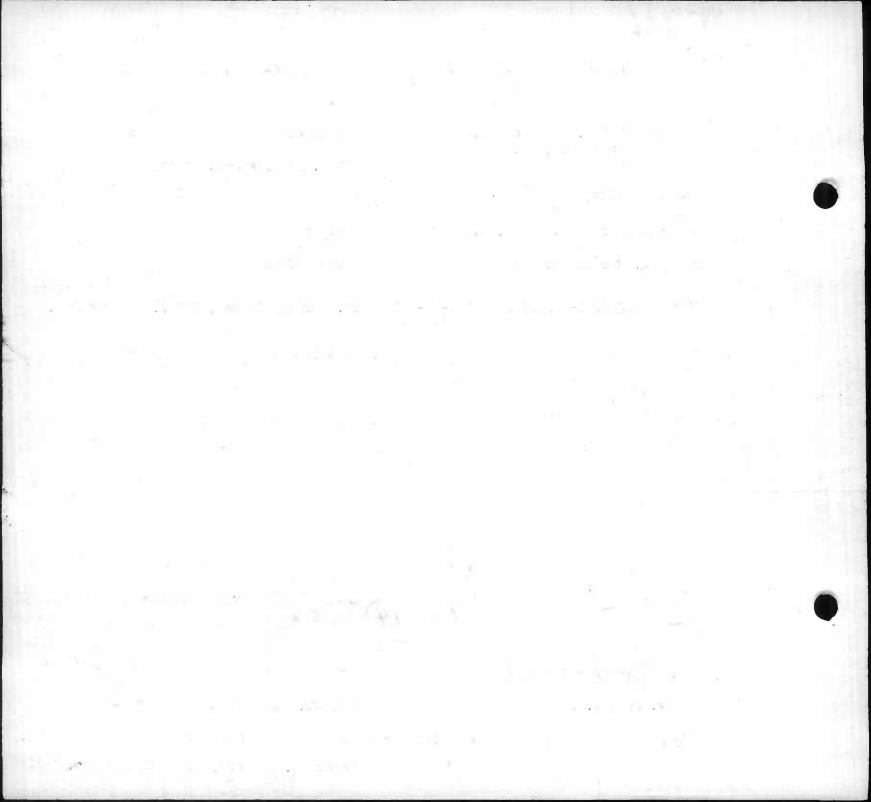
D 3	(20)			HEALTH DEPARTMENT		68-2722
BIRTH NO.	68-	- 272	2 CERTIFICA	TE OF DEATH	REG. NO	00 2140
1. NAME OF	DECEASED				D HOUR OF DEATH	100
	BERTHA	MAY	REED	Marc	h 7, 1968	PM.
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. COUN	e deceased lived. If TY	institution: residence before odm/ssion)
FULL NAMI	E OF (IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	Maryland		
INSTITUTION	N			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	1330 James St			Baltimore E. STREET AND NUMBER		YES X NO
00	Baltimore, Ma	ryland	21223	1330 James St	reet	21223
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Female		WIDOWED		9-11-1907	60 Yrs.	
	OCCUPATION (Give kind of work nost of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Superv		Hecht	Company	Maryland		U.S.A.
13. FATHER'S	S NAME		• •	14. MOTHER'S MAIDEN NAM	AE	
	Owen Reed			T. Ber	tha Smith	
	eosed Ever in U. S. Armed Forknown) (If yes, give wor or date		1 6. SOCIAL	17. INFORMANT	we have to 1.4	ADDRESS
resymbol (II)	nionily in yes, give wor of dore	on service)	213-10-9532	Miss Louise Re	ed, 1330 J	ames St. 21223
18.	20 0		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
D	DISEASE OR CONDITION DIE	RECTLY	Carcin	ome of the pe se consequence of: widespread he	mores	BEIWEEN ONSET AND DEATH
(71: 1	LEADING TO DEATH	1*	(A) IMMEDIATE CAU	se /		
heart la	aes nat mean the made af siture, asthenio, etc. It means	the diseose,	DUE TO, OR AS	CONSEQUENCE OF:	1 .0	1
injury o	or camplication which coused		with	Widespread he	tastases	
	ANTECEDENT CAUSES			//		
	SES OR CONDITIONS, if the obave couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
	RLYING CONDITION lost.	ole iii.g	(C)			
_ 15	7 X II					
	DEATH BUT NOT RELATED TO THE					199
▼ DISEASE	TE OF OPERATION 198 CON	T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IE VEC WED	E EINDINGS CONSIDERED
ERTIFICATION OF THE PROPERTY O	WAS PERI		WHICH OFERATION	20A. AUTOPST: Tres of No.	IN CERTIFYING C	AUSES OF DEATH?
U 121A. AC	CIDENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltim	ore City, give exoct location)
₹ DEATH	NTRIBUTING CAUSE OF (notify medical examiner)	hom etc.		fice bldg., INJURY OCCUR?		
0 21 D. TIN		(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	7 4 5 1
OF INJU	JRY	Wh	ile At Not While			
		Wo		1	. 54	
	ertify that (I) (this hospite)					Warch 7 1968
that (I)	(we) last saw the decease	ed alive an	Much !	19 & and the	at in (my) (our) a	pinian death accurred an the date
	ur and fram the causes stat	red abave. (I	l) (We) (did) (did not) v	iew the bady after death.		
23A. SIG	NATURE 14.		On A. Atte	nding Med.	Staff	23 B. DATE SIGNED
10	with my mi	ger -	DEGREE Phys	. Director	Phys.	March 8, 1968
23C. PHY	YSICIAN'S ME (Type)	U		3D. ADDRESS	7	March 8, 1918
	Dr. Morto		DEGREE	615 Hammonds		altimoreds, Md,
	VAL (Specify) 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City, town, or county) (Stote)
Buria			oudon Park Cen	netery Ba	ltimore, M	
25A. DATE	REC'D BY HEALTH DEPT.		F REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
MAR	11 1968 R. Cab	8, 500	Jaco Pun	Howard H. Hub	pard, 410/	Wilkens Ave. 21229
VS 150-REV.	1/1/6B					

. . .

1		ITY HEALTH DEPARTMENT 68- 2763
7.50.5	10-634 68- 2723 CERTIFIC	ATE OF DEATH REG. NO.
and eath ased the Such	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
-700 5	(Type or Print) Stanley Ellis Nordlinger	March 7, 1968
hospital ise of (5) Dec ance al death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY 14. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)
se (5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Md.
e e e	INSTITUTION	C. CITY OR TOWN
aus tte	222 S. Augusta Ave.	Baltimore YES NO NO
ting d cat r att r att prior	Baltimore, Md. 21229	222 S. Augusta Ave. 21229
- 300 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 3	
Tring gen	Male White WIDOWED DIVORCED	7/26/24
0 0 - 0 -	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
or condet	Mail Clerk U. S. Post Office	ce Maryland USA
if de ect (t) Ur was was the position	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5 5	Stanley I. Nordlinger	Dorothy Pearce
ath ath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 21229
assistant f the di ny kind; d death ance on	Yes 3/19/43-10/15/45 217-20-4430	
	18. 410.9 CAUSE OF DE	
den den	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF Oners hrombosis 10 mm
Als Als nau att	(A)IMMEDIATE C	AS A CONSEQUENCE OF:
er. ctu oro ar	heart failure, asthenia, etc. It meons the disease, injury or camplication which caused death.)	/
fra o gel	ANTECEDENT CAUSES	
Xan		AS A CONSEQUENCE OF:
ex ex (3) (3) in in	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)(C)	
dical cal ns; ns; icic	- H20.1 II	
edi bur bur hys	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
AY BY	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
chie y a Bod the ysic	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
the alby (2) ere oph efor	OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g. home, form, foctory, street,	g., in ar about 21 C. WHERE DID (If In Baltimare City, give exact location) office bldg., INJURY OCCUR?
y t ita e; he No No	DEATH (notify medical examine) etc.)	
d b	OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not W	21F. HOW DID INJURY OCCUR?
rove he he y na xcep nd ((APPROX.) Work At Wo	OTK Company
ppro any (ex ; an	22. I certify that (1) (this haspital) attended the deceased from.	1958 to March 7 196
	that (1) (we) lost sow the deceased alive an	19 6 g and that in(my) (aur) apinian death accurred on the d
sed to sed to ent af spital eath)	and haur and fram the causes stated abave. (1) (We) (did) (did nat	
S P P P E		Attending . Med. 5toff .
	23C.PHYSICIANS	Phys. Director Phys. J 3 6 8
was r was r A. at a priar	NAME (Fype)	
ific W (1) A	Dr. John C. Pound 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or	RCC
This certificate the bady was a shows: (1) An a was D.O.A. at deceased priar written approv	Burial 3/11/68 Loudon Park C	emetery Baltimore Md
the best of the be	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
the show was dece	MAR 11 1968 Relate & tarbuma	Howard H. Hubbard, 4107 Wilkens Av 2122

Burial 3/11/68 Loudon Park Cemetery Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Av. 21229 VS 150-REV. 1/1/6B



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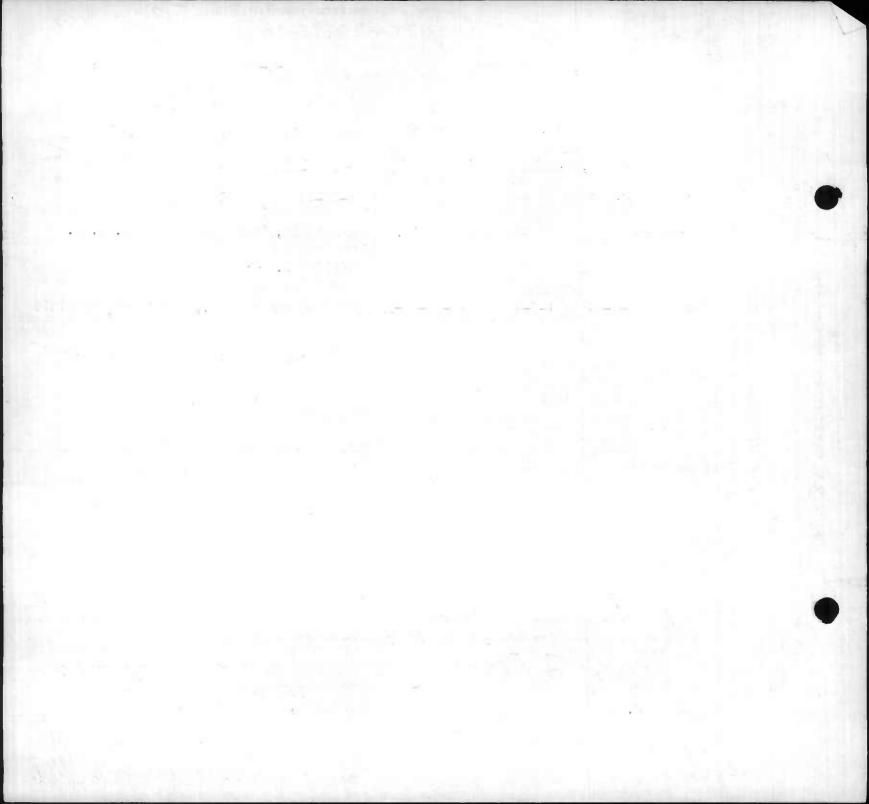
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 2724 68- 2724 CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD liver. If institution; residence 4. USUAL RESIDENCE (Where deden 8. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND FULL NAME OF HOSPITAL OR CITY OF TOWN DANSIDE CITY LIMITS? THE JOHNS HOPKINS HOSPITAL NOF E. STREET AND NUMBER 601 N. BROADWAY BALTIMORE, MD 21205 N. STRICKER If Under 1 Yr. Months: Days 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 His. 5. SEX 7. MARRIED NEVER MARRIED lost birthdov DIVORCED FEB 2-1905 63 OCCUPATION (GIVE kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOWARD (O.M) Hemso JSOMEMAKER 13. FATHER'S NAME HESTER NEWMAN WILL GARDNER
15. Wos Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. MARYLEUI 301 N STRICKER 218-10-3149 NO CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUF TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. 11 3 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 3/14 22. I certify that (1) (this haspital) attended the deceased fram... that (I) (we) last saw the deceased alive an... and that in (my) (aur) apinlan death accurred an the and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Staff PHISICIAN'S NAME (Type) 23D. ADDRESS HOPKINS HOSPITAL HARRY GENANT THE JOHNS 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify) BUTUS Mon. PARIC 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT.

France Nayes

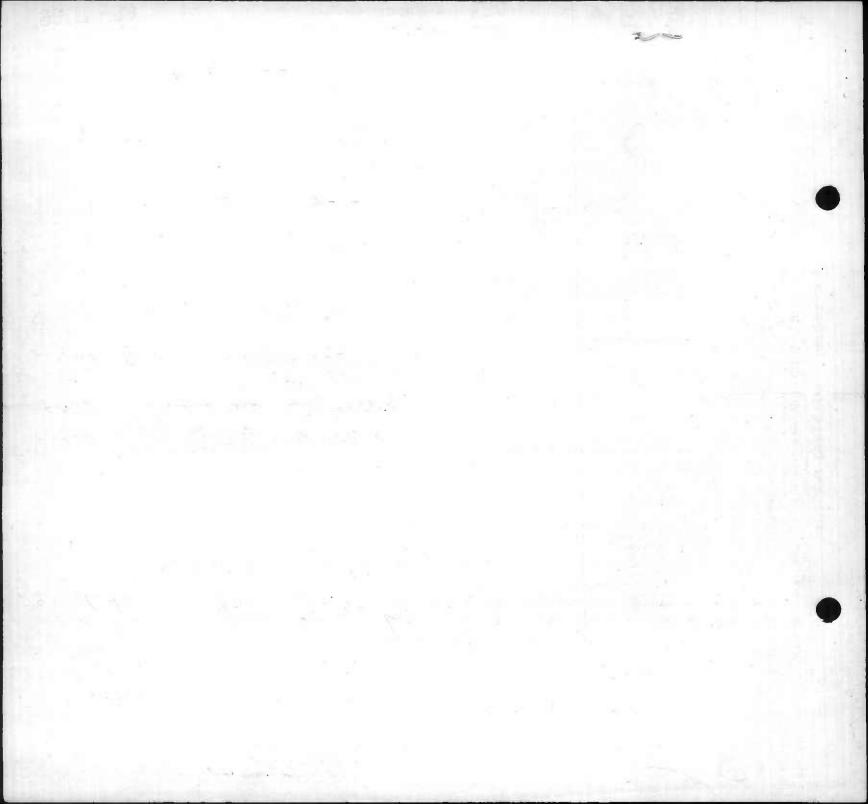
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

6 2115	BALTIMORE CITY	HEALTH DEPARTMENT	1	768- 2725
5-345 68- 272	5 CERTIFICA	TE OF DEATH	REG. NO	700 2720
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) STALLINGS, Robert Bru	ce	3-7-68	8	6:45 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDENCE (Where		stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	UTION. GIVE STREET	Maryland	HHC	2 52-10
HOSPITAL OR ADDRESS OR LOCATION)	OHON, OFFE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
Veterans Administration	n Hospital	Annapolis		YES NO
3 3900 Loch Raven Boulev		E. STREET AND NUMBER		
Baltimore, Maryland 21			enue	
24.2	NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
Male Caucasion WIDOWED		4-29-18	49	112. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
	Lephone Co.	Annapolis, Ma		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Robert Stallings		Lillian L. Sh	aw	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Hospit	al Records	ADDRESS
Yes 7-9-41 to 1-9-46		3900 Loch Raven		timore Md 21218
18.// O O V	CAUSE OF DEAT	1	,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BEIWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	SE Pulmonary Emp	hysema	5 Years
(This daes nat mean the made of dying, e.g. heart foilure, asthenia, etc. It means the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		40.00
UNDERLYING CONDITION last.	(c)			
- 527,1 11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				1000000
DISEASE OR CONDITION GIVEN IN PART 1 (A).		Tona	V OAR IF WAS IMPE	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 211A. ACCIDENT WAS UNDERLYING 121	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF hor etc		ffice bldg., INJURY OCCUR?		
0	. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
OF INJURY	hile At Not Whil		ok, occon.	
W	ork		for the W	10
22. I certify that My (this haspital) attended				arch 19 68,
that () (we) last saw the deceased alive an	/ Marcn	19_00 and the	at in (shy) (our) ap	inian death accurred on the date
and haur and from the causes stated abave.	(1) (We) (did) (did/nby)	riew the bady after death.		
23A. SIGNATURE	. /			23B. DATE SIGNED
Peter J. Ros	GEGREE Phy	ending Med. Director	Staff Phys.	3-7-68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS 3900 LC	ch Raven Bo	oulevard
PETER J. ROSEN	QEGREE	Baltimore, Mary		
	AME of CEMETERY OF CR			ity, town, or county) (Stote)
BuriAL 3-9-68 /	HILLCREST	1141	mandis	AH MO
DEA DATE SECIE DV HEALTH DESC	OF BEGIETOAR	25C FUNERAL DIRECTOR	MAPGLIS	ADDRESS
MAR 11 1968 P. Ponto S. NAME	Magran	W. M. E. 4	To Strus //	uneodi Md.
VS 150-REV, 1/1/6B		But 14. 10	THE WAY	10000 1000



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1 200	· ^		BALTIMORE CITY	HEALTH DEPARTMENT		68- 2776
19	55	68	- 272	6 CERTIFICA	TE OF DEATH	REG. NO	1042 - 140
BIR	TH NO.		10116	O CERTIFICA		AND HOUR OF DEATH	
	e or Print)	Matilda Ada	ms		-	6812:03 PM	
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD		Vhere deceased lived. If i	institution; residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU (TION)	TION, GIVE STREET	Maryland c.city or town	DIN	SIDE CITYLIMITS?
7	0				Baltimore E. STREET AND NUMBER	1	YES T
В	olton Hi	ll Nursing &	Convales	scent Center	3808 Woodrid	ge Rd.	
S. 5	emale	6. RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	3-14-90	9. AGE (In years lost birthday)	If Under 1 Yr. I(Under 24 Hrs. Months Days Hours Min.
		JPATION (Give kind at work warking life, even it retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
don	Housewi	_	No	one	Maryland		USA
13.	FATHER'S NA		211	J110	14. MOTHER'S MAIDEN	NAME	
	Unkn	own			Unknown		
15.	Wos Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		ADDRESS
ΙΙ.	No	III yes, give war ar date		578 28 0352	Charlie Adams	s - 637 F Str	eet, NE. Son
	1B. 195	9		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CAL CERTIFICATION	(This does not heart failure, injury or community or comm	DEFOR CONDITION DIL LEADING TO DEATH all mean line made of asthenia, etc. Il means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last. IL LICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION TO THE CONDITION ON TO THE CONDITION OF THE CONDITION	dying, e.g., lhe discose, deoth.) ony, giving stating the NTRIBUTING HE TERMINAL I I (A). DITION FOR WORMED	(B)	A CONSEQUENCE OF: A CONSEQUENCE	IN CERTIFYING C.	EFINDINGS CONSIDERED AUSES OF DEATH?
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		INJURY OCCUR?	
2	(APPROX.)		Whil Work	e At Not Whil	e 🔲		
	and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	IRE INS YPE ALAN MATION, 248. DATE	d alive an	(We) (did) (did mot) v DEGREE Phy DEGREE ME of CEMETERY of CRI	nding Med. Director C	Shoff Phys. EAD ST D. LOCATION (C)	238. DATE SIGNED 238. DATE SIGNED 3/7/68 Beltond City, town, or county) (Stote) ADDRESS 15-12th It N.E.
VS	150-REV. 1/1/	6 B					



of death Deceased

hospital

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(4) Undetermined cause;

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any nature; (2) Body burns;

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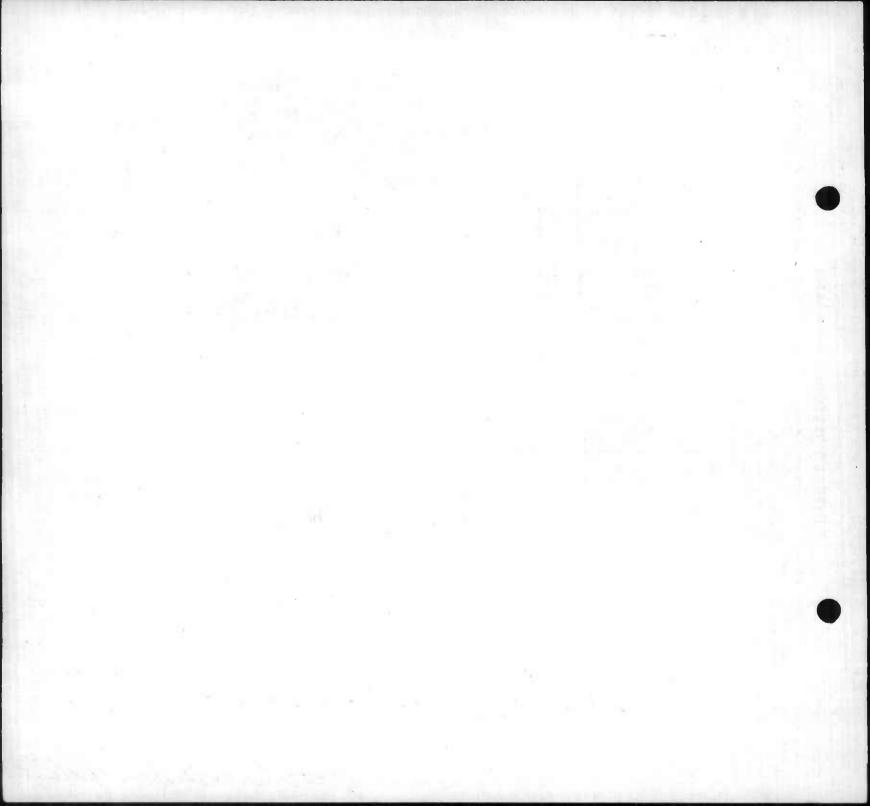
was D.O.A.

the body

BALTIMORE	CITY	HEALTH	DEPARTMENT	
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REG. NO 68- 2727 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3-7-28 4. USUAL RESIDENCE (Where deceased lived.
A. STATE
B. COUNTY institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD LIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN INSIDE CITY LIMITS NURSING NO Baltimore YES V E. STREET AND NUMBER CENTER, INC. OLTO disposition is made B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX S. RACE If Under 1 Yr. 7. MARRIED NEVER MARRIED Months! Doys Hours last birthday 5-15 WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Lousework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EdWARd 15. Was Deceased Ever in U. S. Armed Faices ADDRESS 6. SOCIAL final (Yes, na ar unknawn) (If yes, give war or dotes af service) SECURITY NO. 18. APPROXIMATE INTERVAL 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injuly at complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF before the remains are DISEASES OR CONDITIONS, if any, giving the above couse (A) stoting the UNDERLYING CONDITION last, 331 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in ar obaut 21 C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact lacation) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined) obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED OF INJURY White At Nat While (A PPROX.) Wark At Work 22. I certify that (I) (this haspital) attended the deceased fram 68 pe that (I) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death, must 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Director Phys. approval 23C. PHYSICIAN'S NAME (Type 23 D. ADDRESS 24A. BURIAL CREMATION, 248. DATE 24D. LOCATION REMOVAL (Specify) written 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR ADDRESS VS 150-REV. 1/3/68

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This cerriticate must be approved by the chief medical examiner of his assistant if death occurred in a nospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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-			HEALTH DEPARTMENT			
	F:320 68-27	28 CERTIFICA	TE OF DEATH		68-2728	
	pe or Print) Goldie Fitz	ze		7, 1968	8:00 A: M.	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. II ins	titution: residence before admission)	
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN DSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		DE GTYLIM 5?	
IN:	STITUTION		Baltimore	D. 1834	YES X NO	
(Ardleigh Nursing Ho 2095 Rockrose Ave.	ome	E. STREET AND NUMBER 3106 McElderry	r Stmoot	11.5 (2)	
				9. AGE (In years	If Under 1 Yr., 11 Under 24 Hrs.	
	emale White WIDOW		March 14, 1888	79	Months Doys Hours Min.	
	NUSUAL OCCUPATION (Give kind of work 108, KINI te during most of working life, even if retired) Housewife	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	Frederick D. Spencer		Margaret E.	Harris		
(Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or dotes of servi	16. SOCIAL SECURITY NO. 216-48-1583A	17. INFORMANT (Daught Mrs. Madeline M	er) Ba	Alto. ADDRES Md. McElderry St.	
SERTIFICATION	LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. II means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girse to the above cause (A) stating UNDERLYTHING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION WAS PERFORMED	ving (B) Dial DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE F IN CERTIFYING CAL	ISES OF DEATH?	
CALC	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg. INJURY OCCUR?	(It in boitimare	c City, give exact location)	
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
5	(A PPROX.)	While At Not While Work At Work				
	22. I certify that (I) (this hospital) attended the deceased fram March 6, 19 68 to March 7, 19 68, that (I) (wa) last saw the deceased alive an March 6, 19 68 and that in (my) (eve) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (dtd-not) view the bady after death. 23A. SIGNATURE Attending Attending Med. Director Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S 23D. ADDRESS					
	23 C. PHYSICIAN'S NAME (Type)	V				
	Lloyd Saylor	DEGREE	3902 Greenmount			
	REMOVAL (Specify)	C. NAME of CEMETERY of CRE Loudon Park Ceme			y, town, or county) (Stote) re, Maryland	
25/		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	2	ADDRESS	
1	MAR 1) 1968 (P. P. 19 9	A. D. M.	John J. Duda	, 2829 Hudson	n St. Balto. Md.	
VS	150-REV. 1/1/6B					

Lay 6. Lugles

4 9 5 A

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH the Deceased death LNAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BABY BOY WEBB MARCH LO hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COLINTY attendance (2) MARYLAND cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR CITY OF TOWN D. HAISIDE CITY LIMITS canse; 0 HOPKINS BALTIMORE YES K No F JOHNS HOSPITAL prior E. STREET AND NUMBER contributing KALTIMORE CENTRAL AVENUE Undetermined made. regular MARRIED NEVER MARRIED 2 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE deceased Hours last birthday) Male 20 WIDOWED 10A USUAL OCCUPATION (Give Kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) BALTIMORE USA SID 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME 3 (4) WEBR DELORES uo death 17. INFORMANT kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 10 BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY ed LEADING TO DEATH RESPIRATORY ARREST (A) IMMEDIATE CAUSE E fracture (This does not mean the made of dving, e.g., DUE TO, OR AS A CONSEQUENCE OF ar 0 heart failure, asthenia, etc. It means the disease, ğ injury at camplication which caused death.) em 5 IMMATURITY ANTECEDENT CAUSES ho 5 are DUE TO OR AS A CONSEQUENCE 4 DISEASES OR CONDITIONS, if any, giving 3 3 ta the above cause (A) stating the physician UNDERLYING CONDITION tost. the remains Was burns; 773.5 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief CERTIFIC 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar No) the O WAS PERFORMED before 3 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bottimore City, give exact location) where home, form, factory, street, office bidg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital °Z WEDICAL DEATH (notify medical examiner) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While approved While At (APPROX.) pub Wark At Work the any march 22. I certify that (I) (this haspital) attended the deceased from 19 60 68 ond that in (my) (our) opinion death occurred on the date that (ID) (we) last sow the deceased alive on 0 hospital eath) and hour and from the couses stated above (1) (We) (aid) (did not) view the body after death. was released must accident 23B. DATE SIGNED 23A, SIGNATURE T Attending [Med. Staff 40 Director L approval O 23C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) An ON6E 24A. BURIAL CREMATION, 24B. DAT eceased he body o REMOVAL (Specify) DISPOSAL ADDRESS OHNS HUTTER 25C. FUNERAL DIRECTOR shows: JOHNS HOPKINS HOLA 3-8-68 CREMATION S D 2SA, DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/6B

57.2590 TOWN DOWN - 24 DESTRUCTION WHOLE 3 4 5

68- 2730

H-412	6	MEDI		AMINER'S			DEAT	н	68 2	2730
BIRTH NO.		MILD	ICAL LA	AMITALKO	LKIIIC	AIL OI	ואכו	REG. NO.		
1. NAME OF DEC		CARMIN	E ALBER	RTINI	2. DATE OF DEATH	Known 🔊	Month March	9, 1968		our M.
4. PLACE IN BA	LTIMORE, MARY	LAND, W	HERE PRONO	JNCED DEAD	3. DATE		Month	Doy		DUF
FULL NAME OF HOSPITAL OR INSTITUTION		OR LOCAT	L OR INSTITUTIO	N, GIVE STREET	5. USUAL RESI			9, 1968		:38 A. M.
1 X	020 77-1-	1	n - a d		A. STATE			Baltim		e damission)
6. SEX	830 Wedg				C. CITY OR TO	aryland		D. INSIDE CI		7-11
				NEVER MARRIED					مشمد	
Male 9. DATE OF BIRT	White	0. AGE (In	WIDOWED X	DIVORCED L	E. STREET AN	1timore		YE	s X No	
	le	ost birthdoy		s Doys Hours Min.			1.5			
Dec. 19.		74	10 61	TITEN OF		30 Wedge	wood Re	oad		
11. BIRTHPLACE	Stole or foreign	country)		TIZEN OF HAT COUNTRY?	13. FATHER'S					
Italy	JPATION (Give ki	ind of work 1	US			Antho		ertini		
done during most of Tailor	& Barbe				Paior	ne .				
16. WAS DECEAS	SED EVER IN U.	S. ARMED		7. SOCIAL	18. INFORMA			A	DDRESS	
(Yes, no or unknown NO	(It yes, give wor	ror dotes o		SECURITY NO. 13 → 01 → 7410	Anthony	T Albe	rtini	3708 Ca	mnfield	Pd #7
19.	3 3			CAUSE OF DEA		0.11100	L UZIIZ	3100 <u>Qa</u>	APPROX	MATE INTERVAL
/ 24				Carci	noma of	sigmoid	colon	with	BETWEEN	ONSET AND DEATH
DISEAS	SE OR CONDITI		TLY		m	etastase				
(This does	not meon the me	ode of dyli	ng, e.g.,	(A) IMMEDIATE C	AUSE AS A CONSEQUE					
DISEASES RISE TO TH	MTECEDENT CA OR CONDITION LE ABOVE CAUS	AUSES NS, IF ANY, E (A) STATI	GIVING	(B)	as a consequ	ENCE OF:				
Z	NG CONDITIO	N LASI.		(C)						
O THE DE	II NIFICANT COND EATH BUT NOT RE R CONDITION GI	ELATED TO 1	THE TERMINAL						*****	
20A. DATE O	F OPERATION	20B. CON	DITION FOR V	HICH OPERATION WA	AS PERFORMED				21. AUTOPSY	? (Yes or No)
O									No	
UNDERLYING	RNAL CAUSE W	IB-		ACE OF INJURY(e.g., form, foctory, street, office			(If in Boltimo	e City, give exo		
OF INJURY	(Month) (Doy		W	E.INJURY OCCURRED	WHILE C	HOW DID IN	IJURY OCCI	JR?		
(APPROX.)		1 10	m. W	ORK L AT W						
	tify that I hel	dan In	ouiry 🗍	Inspection X Au	tansy []	and that on t	his hasis	death in my	aninlan	
resul	Trea fram: 1401	// caus	es LA	cident Suicio		IEF MEDICAL		nea manner L	_	
ACTUAL	1 (1)		1. 1	- 7		ANT MEDICAL			DA	TE SIGNED
SIGNAT EXAMIN	NER'S Ch	arles	S. Spri	ngate, M.D.	•	ATE MEDICAL			March 9	, 1968
NAME (. DATE	240	NAME of CEMETERY	or CREMATORY	240	LOCATION	(City town	, or county)	(Stote)
REMOVAL (Spec	cify)									(51016)
Burial		12-68		ew Cathedra				re, Mar	yland	
25A. DATE REC'D		PT.	25B. NAME C	OF REGISTRAR	25C. FUI	NERAL DIRECT	OR	A	DDRESS	
MAR 1.	1 1968 (Col	2, 42	Mayra	Ellswo	orth Arr	nacost	-4600 I	Liberty :	Hghts.A

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Such

prior to death.

was in regular attendance on the

death

shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

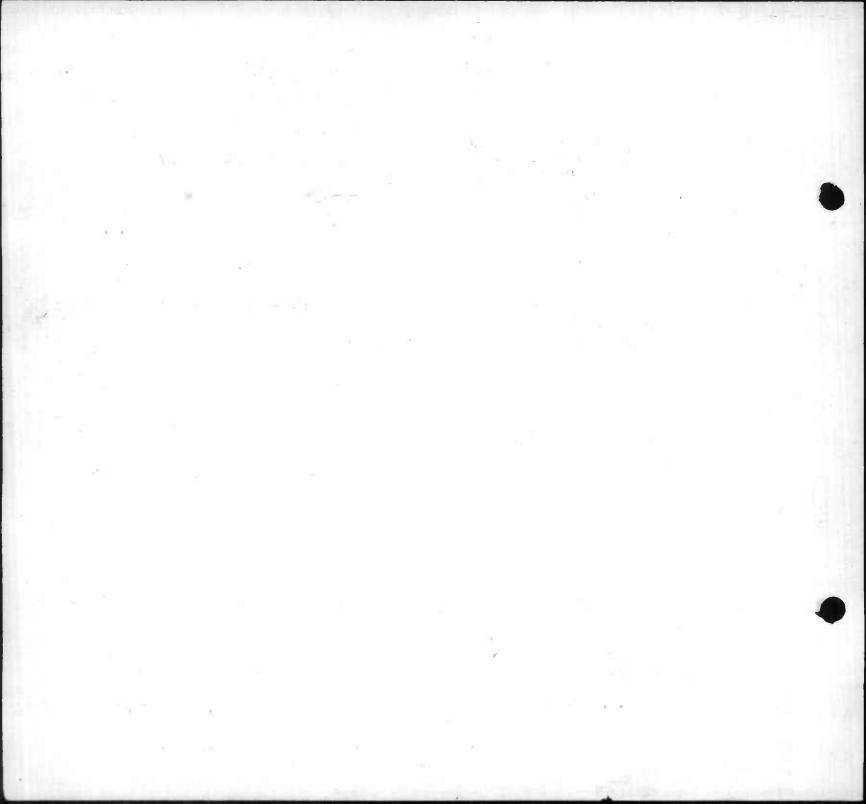
was D.O.A. at a hospital (except where the physician who pronounced

F-3	20	OMO	BALTIMORE CITY			68	- 2731
BIRTH NO.		- 210	31 CERTIFICA	IE OF D	EATH		
1. NAME OF Type or Print		amin Fe	med ale		2. DATE AND HOUR OF D	EATH	7 20 (
3. PLACE IN	BALTIMORE, MARYLAND, V			4. USUAL RESI	3/9/1968 DENCE (Where deceased live	d. If institution: resid	dence belore admissi
FULL NAMI	OF (IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Maryl Maryl			-1
OITUTITZMI	i ADDRESS OR EGG.	A II O IV		C. CITY OR TOV		INSIDE CITY LIMIT	No /
21	Baltimore Cit		tals	E. STREET AND	D NUMBER	TEXIDE	140
7/	4940 Eastern Baltimore Mar	Avenue	21224	1114 C	arson Court 2	1217	
Male	6. RACE Negro		NEVER MARRIED A DIVORCED	3-4-13	lost highday	s If Under 1 Months Do	Yr. If Under 24 Hoys Hours Min.
	OCCUPATION (Give kind of wor ost of working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE Maryle		U.S	OF WHAT COUNT
13. FATHER'S	Frank Frank	c		14. MOTHER'S	MAIDEN NAME Elizabeth	McHoney	21 1
5. Was Dec	eased Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMAN	T	A	DDRESS
no or uni	(nown) (If yes, give wor or dot	s or service)	21709 66 22	Records	:BCH-4940 Easte	ern Avenue	21224
18.	71.0 1		CAUSE OF DEAT	H			APPROXIMATE INTERVA
D	ISEASE OR CONDITION DI	RECTLY	4/	1.1: 1	1.		./
(This is	LEADING TO DEATH	4.72	(A) IMMEDIATE CAL		wer disease		<u> </u>
	pes nat meon the mode af ilure, asthenia, etc. It means			A CONSEQUENC	E OF:		
	r complication which coused		'				
	ANTECEDENT CAUSES						
DISEAS	ES OR CONDITIONS, if	ony giving	(B) DUE TO, OR AS	A CONSEQUENCE	CF OF:		
	the above cause (A)				GE 01.		
UNDER	LYING CONDITION Iosi.		(C)				*****
- 5-9	7.7			/ /	, ,		
TO THE	GNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO T OR CONDITION GIVEN IN PAI	HE TERMINAL RT 1 (A).			irrosclerosis)	10
ERTIF	WAS PER	FORMED	WHICH OPERATION	YES	IN CERTIFYIN	WERE FINDINGS CO G CAUSES OF DE	ONSIDERED YES
OR CON	CIDENT WAS UNDERLYING [ITRIBUTING CAUSE OF (notify medical examiner)	216 hor etc	B. PLACE OF INJURY (e.g., i me, lorm, foctory, street, o	n or obout 21 C. W ffice bldg., INJUR	VHERE DID (If in B	oltimore City, give e	xoct locotion)
S OF INJU	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
22. I ce	22. I certify that (I) (this haspital) attended the deceased from 1968 to 1968 1968						
	(we) last saw the decease		0/	19 6	and that in (my) (au	r) apinion death	
			2			-, aprilian death	decorred on the (
23A. SIG	r and from the causes sta	red abave.	A) (me) ((did nat) v	new the bady of	atter death.	23B. DATE :	SIGNED
23A. 31G	M. Levenson	hn	DEGREE Atte	ending A	Aed. Staff Phys.	3/91	68
	SICIAN'S ME (Type)		DEGREE	23D. ADDRESS	Baltimore Ci	ty Hospita	
	E.M. Levins	ohn		4940 Ea	stern Avenue, Ba	-	
	CREMATION, 248. DATE	24C. N	AME of CEMETERY of CR		24D. LOCATION	(City, town, or c	
man.	rial 3-13-	68 1	At. Auburn	lora	Bolto	Ma	
	REC'D BY HEALTH DEPT.		OF REGISTRAR		Balto.,	Md.	ADDRESS
			A T. O		n Funenci Her	4010 0	

Re. 68. Ja a. Ma VS 150-REV. 1/2447 11 1958

1. Balto., Kelson Funeral Home 1348

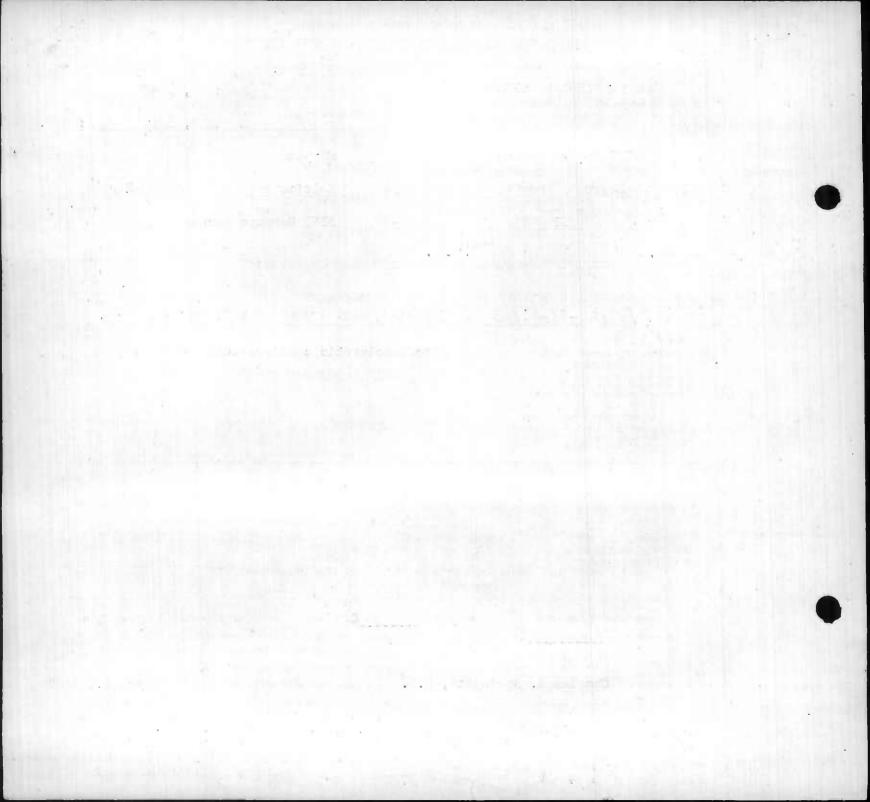
Calhoun St.



68- 2732 BALTIMORE CITY HEALTH DEPARTMENT

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00	3-	6	1	()	4

		MEDICA	L EXAMINER'S	CERTIFI	CATE OF	DEATI	H REG. NO.	08- 4	132
BIRTH	NO.								
I. NA	ME OF DECEASED			2. DATE	Known X	Month	Day	Year I	Hour
(Type	or Print) George	NEWMAN T	YLER	OF DEATH	Estimoted	March	9, 196	8	M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					Month	Doy		Hour
HOSPI	TAL ADDR	OT IN HOSPITAL OR IT	ISTITUTION, GIVE STREET		UNCED DEAD		9, 196		5:40 P.M.
OR IN	RINSTITUTION			A. STATE	ESIDENCE (Where		ed. If institution: B. COUNTY	residence before	ore odmission)
(Rogers Ave			Maryland				
6. SE)	7. RACE	B. MA	RRIED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE, CH	Y LIMITS?	
M	ale Neg	ro WIDO	OWED DIVORCED		Baltimore		11	SIX	
9. DA	TE OF BIRTH 5-6-10	10. AGE (In years lost birthdoy) 57	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		5327 Denme	oro Ave	nuo	-0	123
11. BII	RTHPLACE (State or fare		12. CITIZEN OF	13. FATHER		JIE AVE	ilue		
	Md.		WHAT COUNTRY?				May 1		
	SUAL OCCUPATION (G uring mast of working life, e		ND OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME			
	AS DECEASED EVER IN		ES? 17. SOCIAL	IB. INFOR	MANT		AD	DRESS	
(Tes, n	ves 5/21/	42-11711	745 215034620	Ann	Tyler	5327	Denmore	e Ave.	
19	2		CAUSE OF DEA	TH					OXIMATE INTERVAL
	PICE ACE OF COM	DITION DIDECTLY	Arterio	eclerot	ic cardio	7280112	r dieas		TOTOLI AITO DEATH
	DISEASE OR CON LEADING 1				ic cardio	vascula	il disca	30	
	(This daes not mean the		(A)IMMEDIATE C	AS A CONSEC	WENCE OF				
	heort foilure, osthenio, e	tc. It means the diseas		AS A CONSEC	DENCE OF:				
	injury or complication wh	nich coused deoth.)							
	ANTECEDEN	TCAHSES	4-3						
	DISEASES OR CONDIT		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
	RISE TO THE ABOVE C	AUSE (A) STATING T	1E						
z	UNDERLYING CONDI	IION LAST.	(C)						
일 -	1253.1	11							
X '	OTHER SIGNIFICANT CO								
윤	TO THE DEATH BUT NO								
CERTIFICATION			N FOR WHICH OPERATION W	AS PERFORA	MED			21. AUTOPS	Y? (Yes or No)
5	7								
. 1			less by a series of			44		Ye	s
13	A. EXTERNAL CAUS		228. PLACE OF INJURY (e.g., hame, farm, factory, street, affic	e bldg., etc.)	NJURY OCCUR?	(It in Baltimar	e City, give exac	t lacation)	
원	TING CAUSE OF DE								
	P. TIME (Manth) FINJURY	(Day) (Year) (H	OUT) 22E. INJURY OCCURRED		22F. HOW DID IN	JURY OCCL	IR?		
	APPROX.)			WHILE TO					
23			III.] WORK 🚨 XIV	TORK					
		held an Inquiry	Inspection Au	tapsy K	and that an t	his basis,	death In my	pinian	
			Accident Suicio		amicide 🗌			-	
	0/	1	- Controller		CHIEF MEDICAL				
	ACTUAL (1, 4					D.	ATE SIGNED
	SIGNATURE		M.E. M.E.	ASS	ISTANT MEDICAL	EXAMINER	X		
	EXAMINER'S C	harles S.	Springate, M.D.	ASS	CLATE MEDICAL	EXAMINER	□ M	arch 10	, 1968
	NAME (Type)								
24A.	BURIAL CREMATION,	248. DATE	24C. NAME of CEMETERY	or CREMAT	DRY 24D.	LOCATION	(City, tawn	, ar caunty)	(Stote)
	OVAL (Specify)	2 12 60	Balto. Nat	11. 0	em	Balto	. Md.		
	urial	3-13-68		_					
25 A.	DATE REC'D BY HEALTH	DEPT. 258.	NAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR	LT AI	DORESS	Thouse F
	MAR 11	1968 R.D.	to E attachment	Ke	lson Fur	ieral	nome 1	\$40 a	Inoun E



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

		BALTIMORE CITY HEALTH DEPARTMENT
68-	2733	CERTIFICATE OF DEATH

REG. NO.	68-	2733

BIRTH NO.
1. NAME OF DECEASED TONES, EMMA LEE 2. DATE AND HOUR OF DEATH (Type or Print) 2. DATE AND HOUR OF DEATH 3. 7. 68 1. 30 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmission) A. STAJE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) HOSPITAL OR ADDRESS OR LOCATION) WISTITUTION WENDRIAL HOSPITAL C. CITY OR TOWN BALTIMORE YES NO E. STREET AND NUMBER 145 RICHWOOD AVE.
5. SEX 6. RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
Negro WIDOWED DIVORCED 9.25-1898 69
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SOUTH CAROLINA U.S.A.
13. FATHER'S NAME
JAMES MASH ANNIE MARSHALL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
020-14-2559 ISAIN FLONES SAME
18. APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMME
hearl failure, osthenio, etc. II means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES ACLIENCE OF CONTRACT
DISEASES OR CONDITIONS, if any, giving (8) TOUCOME OF:
rise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)
172 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Boltimare City, give exact lacation) OR CONTRIBUTING CAUSE OF Control of the property of the prop
Q 21D-TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
D 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
O 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Wark 22. I certify that (1) (this hospital) ottended the deceosed fram 23. 196) to 3.7-1968,
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work 22. I certify that (I) (this hospital) ottended the deceosed fram 2.23. 195) to 3.7-1968,
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this hospital) attended the deceased fram 23. 196) to 3. 7. 1968, that (I) (we) last saw the deceased alive an 23. 19 and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above. (I) (We) (did) (did not) view the body after death. 238. DATE SIGNED
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 222. I certify that (I) (this hospital) attended the deceased fram 2.23. 19.5 to 3.7. 19.6 %, that (I) (we) less saw the deceased alive an 3 19 and that in (my) (our) opinion deoth occurred on the date and hour and from the couses stated abave. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Stoff Director Phys 23B. DATE SIGNED
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 222. I certify that (I) (this hospital) attended the deceased fram 23. 196) to 3. 7- 1968, that (I) (we) lest saw the deceased alive an
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased fram 23 19 5) to 3.7-19 8%, that (I) (we) less saw the deceased alive an 3 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23C. PHYSICIAN DR ANARAYANA MURTHY 23 THEORESIAN DECREE Phys. DEGREE Phys. Decree On ion lemans and the properties of the physical and physic
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased fram 22. I certify that (I) (this hospital) attended the deceased fram 19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23C. PHYSICIAN DR NAME (Type) 23C. PHYSICIAN DR NAME (Type) 24D. LOCATION (City, town, at county) (Stole)
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased fram 22. I certify that (I) (this hospital) attended the deceased fram 3. 19 to 3. 7- 19 S., that (I) (we) loss saw the deceased alive an 3. 19 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. DEGREE Phys. DEGREE Phys. DEGREE Phys. DEGREE Phys. DEGREE Phys. DEGREE Phys. 24D. LOCATION (City, town, at county) (Stote)

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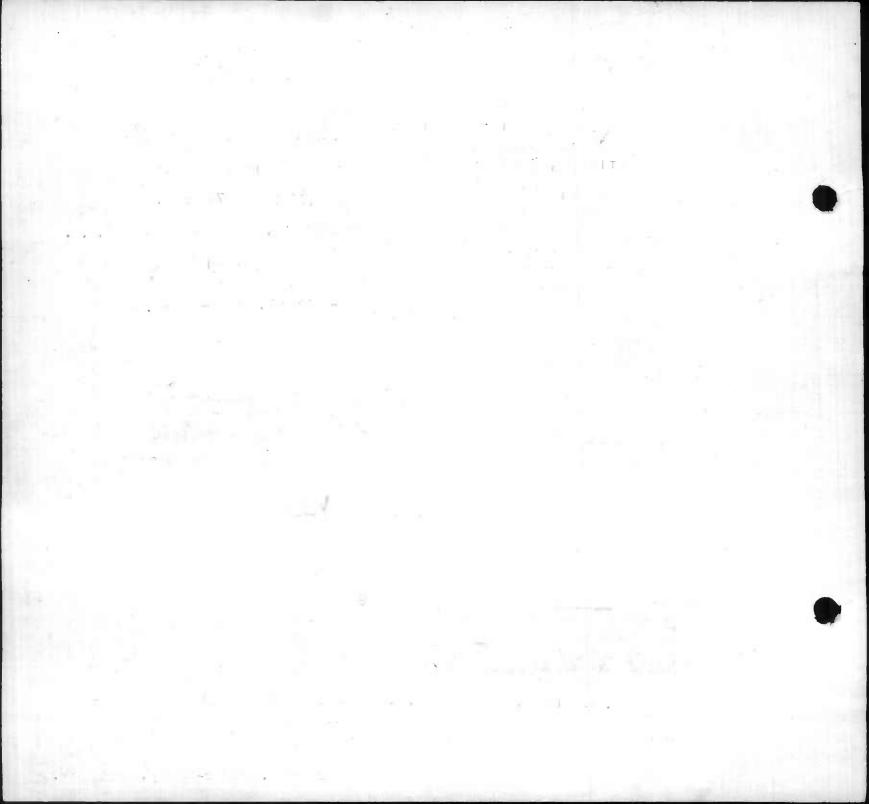
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucl written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deatl shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

00	Deno a	BALTIMORE CITY HEALTH THARTMENT
66-	2734	CERTIFICATE OF DEATH

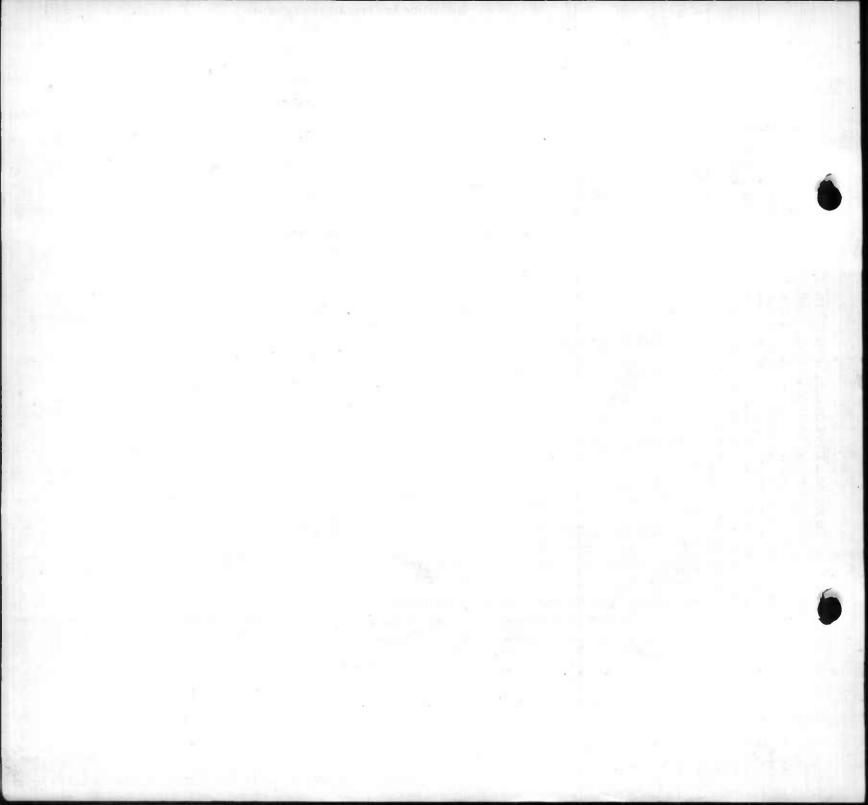
			CONTRACT A
REG.	NO	G 52	2734
		00	

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Walter A. Evans	2. DATE AND HOUR OF DEATH 3				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL TEXTORICE (Whole declared lived, If institution; residence before admission) A, STATE 8. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION THE JOHNS HOPKINS HOSPITAL 601 NORTH BROADWAY BALTIMORE, MARYLAND 21205	C. CITY CHAND C. CITY CHAND D. INSIDE CITY LIMITS? D. INSIDE CITY LIMITS? NO E. STREEF AND NUMBER 4005 BARRINGTON ROAD				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.				
MALE NEGROID WIDOWED DIVORCED	9/10/1897 70 YRS.				
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired) FARMER FARMING	Franklin Co. North Carolina U.S.A.				
	14. MOTHER'S MAIDEN NAME				
AUGUSTUS Evans	NORWOOD, Mary				
	17. INFORMANT ADDRESS				
	-Walter C. Evans-2301 KoKo Lane				
18. 242 52 011 CAUSE OF DEATH	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	SE ardiac arrest ASmin				
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It meons the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:				
ANTECEDENT CAUSES	asperation menument 4 hours				
	A COMPANIENCE OF WHILE OCPUS				
rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	Erythodema - probable Swls				
705.0	artig reaction but neoplasma				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART + (A).	notexituded				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (notify medical examiner)	n or obout 21C, WHERE DID (If in Boltimore City, give exact lacation) injury occur?				
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) While At Not While Work At Work					
22. I certify that (I) (this haspital) attended the deceased fram.	10 60 40 3/8 10 68				
that (I) (we) last saw the deceased alive an 3.5	19 68 and that in (my) (aur) apinian death accurred an the date				
and haur and fram the causes stated above. (1) (We) (did) (did not) vi					
23A. SIGNATURE	23B, DATE SIGNED				
DEGREE Phys.	Director Phys.				
DR. DAVID H. HUFFMAN, M.D.	THE JOHNS HOPKINS HOSPITAL				
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMETERY OF	MATORY 1 TO 24D. LOCATION (City, town, or county) (Stote)				
Burial 3/14/68 Walnut Grove Bay	ptist Cem. Louisburg North Carolina				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
MAR 11 1968 Of Rout E. Jakeyna	Herbert E. Nutter-3035 W. North Ave.				

VS 150-REV. 1/1/68



-	5-16	33 0	3- 27	35 CERTIFICA	TE OF DEAT	NT REG. NO	68- 2735		
1. N	TH NO. AME OF DEC		Schaef		2. DA	TE AND HOUR OF DE March 10, 19	(72 /		
3. P	PLACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY				
FUI HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN D. NSIDE CV LIMITS?				
415 S. Mount Street					Baltimore Yes NO				
F	Ox				415 S Mound				
5. S	emale.	6. RACE white	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Jan 9 1919	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min		
	during most of	JPATION (Give kind of wor working life, even if retired) WINSTRESS	Cloth	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of Maryland	ar fareign country)	12. CITIZEN OF WHAT COUN		
13.	FATHER'S NA	ME	Carter		14. MOTHER'S MAIDE	NAME			
15 1	Was Deceased	Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS		
(Yes	, na or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.		161 00			
_	1B. 101	no		217 03 9997 CAUSE OF DEAT	H. William	J Schaeffer.	Sr 475 S Mount S		
ATION	170 X OTHER SIGNIE TO THE DEAT	G CONDITION Iosi. II FICANT CONDITIONS CO	THE TERMINAL	(C)					
ERTIFIC,		OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208, IF YES, W	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?		
CAL CE	OR CONTRIBL	NT WAS UNDERLYING [JTING CAUSE OF medical examiner)	21 E hom etc.	RPLACE OF INJURY (e.g., ne, form, foctory, street, c.,)	in or obout 21 C. WHERE I	DID (If in Bo	oltimore City, give exact location)		
-	21 D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED		D INJURY OCCUR?			
>	(APPROX.)		W	nile At Not Whi					
Н		that (1) (this haspita		the deceased fram	Luy	196 to	3 10 1960		
		last saw the deceas		Munh			r) apinian death accurred an the		
	and hour and		ited abave. (1) (We) (did) (did nat)	view the bady after d	eath.	23 B, DATE SIGNED		
	n	soma of	usli	Dh.	ending Med.	Staff Phys.	3.1168		
/	23C. PHYSICIA	ins ypel - KLID	IRKI)	23D. ADDRESS 215-1 W	ilkens a	w		
24/	REMOVAL	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CR		24D. LOCATION	(City, town, or county) (Stat		
	Burio	3==13=	=68 -10	adon Park Com	terst. FUNERAL DIR	Baltimor	e Md		
1254	A. DATE DECID	BY HEALTH DER	258. NATON	PAGESTRAR C	250. FUNERAL DIR	ECTOR	ADDRESS		
1	WAR II	1900 Ulbert	7 400	7			O Hollins St		



68- 2736 BALTIMORE CITY HEALTH DEPARTMENT

C-416	MEDICAL		CERTIFICATE OF DEATH REG. NO.	8- 2736
I. NAME OF DECEASED (Type or Print) IDA				Year Havr
4. PLACE IN BALTIMORE, MARYLA		RONOUNCED DEAD	3. DATE Month Day	Year Hour
HOSPITAL ADDRESS O	R LOCATION)		March 6, 1968 5. USUAL RESIDENCE (Where deceased lived. If institution: resident A. STATE B. COUNTY	10:55 P. dence before odmissian)
Bon Secours			Maryland	
6. SEX Female 7. RACE Negro	WIDOV	RIED NEVER MARRIED	C. CITY OR TOWN Baltimore D. INSTACTIVE OF TOWN YES [X]	0
	AGE (In years birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Mi	5. E. STREET AND NUMBER	
11. BIRTHPLACE (State or fareign ca	untry)	12. CITIZEN OF	13. FATHER'S NAME	
Maryland	of work 14B, KINI	WHAT COUNTRY?	Dave Walker RY 15. MOTHER'S MAIDEN NAME	
dane during most of working life, even if HOUSOWIFO 16. WAS DECEASED EVER IN U.S. (Yes, no ar unknown)(If yes, give war o	ARMED FORCE	5? 17. SOCIAL	Mary Heath 18. INFORMANT ADDRE	SS
119.		CAUSE OF DE		llwood St.
ANTECEDENT CAU DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELY DISEASE OR CONDITION GIVI 20A. DATE OF OPERATION 20	, IF ANY, GIVING (A) STATING THE LAST.	(c)	R AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVE	EN IN PART 1 (A)		WAS PERFORMED 21.	AUTOPSY? (Yes ar Na)
02				Yes
UNDERLYING ☐ OR CONTRIB UTING ☐ CAUSE OF DEATH. 22D. TIME (Manth) (Day) OF INJURY (APPROX.)		r) 22E.INJURY OCCURREI WHILE AT N	22F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR?	ation)
I certify that I held resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ol couses A	Accident Suic	and that on this bosis, death in my apin tide Homicide Undetermined monner C CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MATCH	DATE SIGNED 7, 1968
24A. BURIAL CREMATION, REMOVAL (Specify)		24C. NAME of CEMETER	Y ar CREMATORY 24D. LOCATION (City, town, or	
Burial 3,	/11/68	Mt. Calve	ry Brooklyn, Mary	land ss
	Robert 8	. Fallyma	Charles A. Rice 661 W.	Barre St.

bergland

eliweguon

Days Walker

Mary Seath

Benjamin Clybure I B. Emeliacon di.

Coarles A. Hoe 661 d. Berran it.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Ile of Wight Co. Virginia Burial 5/68 Holly Grove 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Charles A. Rice 661 W. Barre St. VS 151-REV. 1/1/68

4/8/92

Virginia

John Wilson

Anna Fopo

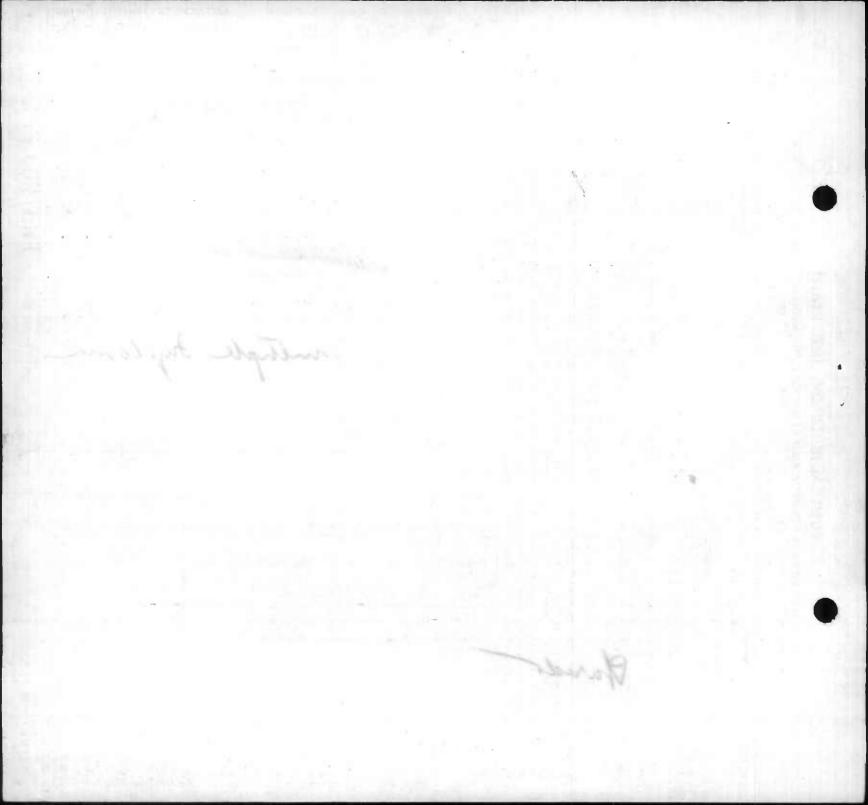
Ide Holly 1753 K. Preston St

Burial 3/15/68 Holly Grove

list of sight Co. Virginia Charles A. Mice 561 W. Barre Cb.

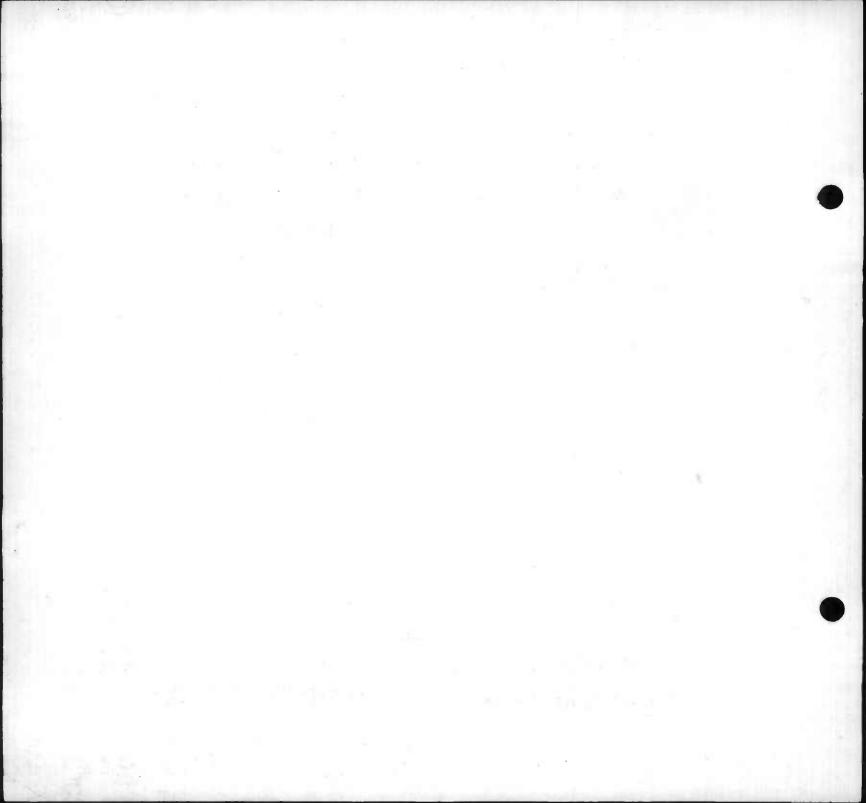
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

7-452 68- 25	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2738
100 61	38 CERTIFICA	TE OF DEATH	REG. NO	00 4100
I. NAME OF DECEASED			ID HOUR OF DEATH	
(Type or Print)		2-20	68	1 11.25 0 4
Rollins, Fanni 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD		re deceased lived. If in	nstitution: residence before admission
		A. STATE B. COUN		25
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMINS?
INSTITUTION		Baltimo		YES NO
Provident Hospital H	-	E. STREET AND NUMBER	1.0	163 6 10 1
37 1514 Division Street		406 E.	Dunaton Ctu	
5. SEX Baltimore, Mary and	NEVER MARRIED		Preston Str	If Under 1 Yr. If Under 24 Hrs.
		n 02 0n	lost birthdoy)	Months Days Hours Min.
Female Negro WIDON		7-23-97		12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
Housewife	201	Maryland		U. S. A.
13. FATHER'S NAME	Paketil-	14. MOTHER'S MAIDEN NA	A south	>
SHEANN	winey	Mellissay	ulles	!
15. Was Deceased Ever in U. S. Armed forces? (Yes, no or unknown) (If yes, give war or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	1 1/51	A DADDRESS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	217-22-7499	Much Hunde	erson si	Ga Vitaling
18.	CAUSE OF DEATH		10111	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1	-,)	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUS	E mulho	de ou	elama
(This does not mean the made of dying,	e.g., DUETO OR AS A	CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)	ase,	J	/	
ANTECEDENT CAUSES				19 2 10 2 10 4
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating	Ihe			1 2 4 2 1 1 2 2
UNDERLYING CONDITION last.	(C)			
2 203 X II	NC			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE DEATH O				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, off	ice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	HRY OCCUR?	
S OF INJURY	While At Not While		OKI OCCOK:	
(APPROX.)	Work At Work	6		
22. I certify that (1) (this hospital) attend		7-68	19 ta 2-2	9=68 19
that (I) (we) last saw the deceased alive	an 2-29-68	19	at in (my) (aur) ap	inian death accurred on the date
and haur and from the causes stated above	e. (1) (We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
Jurult		Med.	Staff Physics	1.00
23 C. PHYSI CIAN'S	DEGREE Phys.	3D. ADDRESS	Phys.	
NAME (Type)			vision Stree	at:
24A BURIAL CREMATION JOAN BATE	OEGREE		TOTOII DOI 96	
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D L	CATION	Ty, town, or county) (Stote)
Bureal 71/68	Julian Celpi	ung W.	estper lo	medining 10/18
25A. DATE REC'D BY HEALTH DEM. 25B. NA	OF REGISTRAR	250 FUNERAL DIRECTOR	10 1000	19hr MODRESS
MAR 11 1968 (P.D. 1 2.9		1 1 / 1/2 4 4 1 1 1 1	1 . 1 1 1 1 1 1	CANTER TO THE STATE OF THE STAT
	Taber	Los on VI	wed of	altroving no A



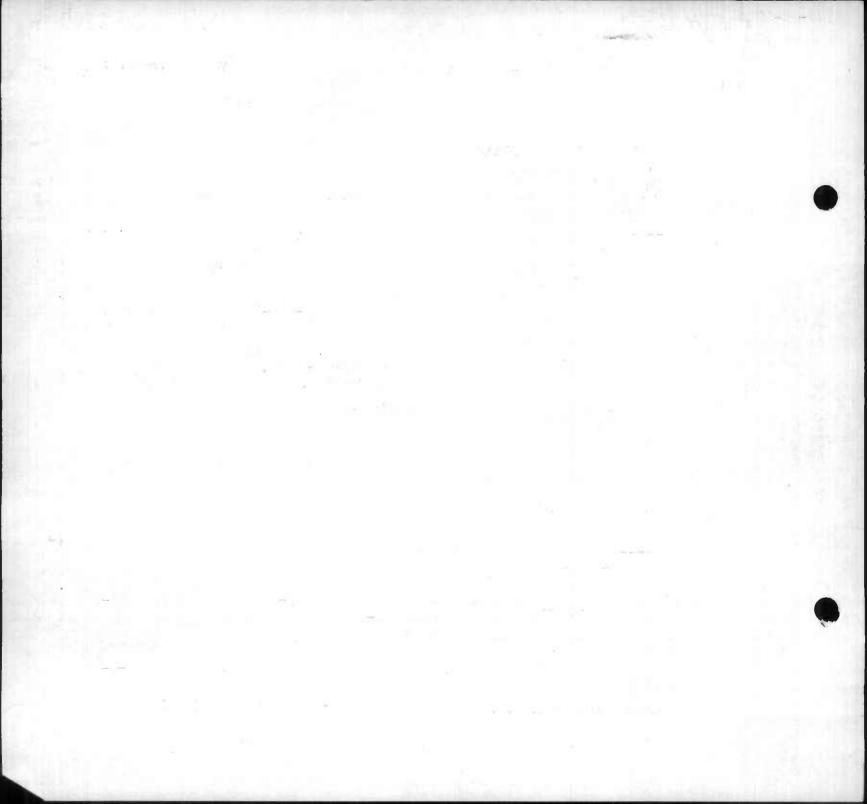
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	1-200 00 0	BALTIMORE CITY	HEALTH DEPARTMENT		68 2739
	N-300 68-2	CERTIFICA	TE OF DEATH	REG. NO	
	TH NO. AME OF DECEASED			ID HOUR OF DEATH	
	ie or Print) PEADOF OU	HITE	3	1. 10	1 3.00.0.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When		titution: residence before admission)
			A. STATE B. COUN	74. /1/	· · · · · · · · · · · · · · · · · · ·
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	14/4		More LITY
IN S	TITUTION	\/ - 4 / C	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
[_{1.}	LUTHERAN HOST	ITAL OF	E STREET AND ALLANDED		YES NOTE
4	6 MARYLAND.		3210 Auc	shentorol	Terd
5. S	EX 6. RACE 7. MARE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Incyeors lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	MALE NEGRO WIDON	VED DIVORCED	5.14.81	86 AT.	
	USUAL OCCUPATION (Give kind of work 10B, KIN)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	Sturing most of working life, even if retired)		VIRGINI.	A Thing Theor	U.S.A.
-7	FATHER'S NAME	0.1	14. MOTHER'S MAIDEN NAM	up)	
	Genyl Dr	White	Naume 1	nonrol	
15.	Wos Deceosed Ever in U. S. Aymed Forces?	1 6. SOCIAL	17. INFORMANT	11	ADDRESS
1	(If yes, give wor or dates of servi	ce) SECURITY NO.	My Camella Ar	henald 32	aluelestort In
_	18.	CAUSE OF DEAT	Н		APPROXIMATE NATERVAL
	436.7	07.002 01 027.11			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Partie al	Daningt	N. 15 -
	(This does not mean the made of dying,	e.g., OUF TO OR AS	A CONSEQUENCE OF:	Respirato	1 / Dun,
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	ase,	A CONSEQUENCE OF	Failur.	و
	ANTECEDENT CAUSES	0	1 - 11 - 2	. /	17 1
		(B) Cen	A CONSEQUENCE OF:	llar	1 days
	DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating	the	A CONSEQUENCE OF:	acciae	и(,
	UNDERLYING CONDITION last.	(C)			
	2214 11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				100
ATI	THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
문	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED
ERTIFIC	O			GERMANIO CAG	ar a
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i horne, farm, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
DIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY (APPROX.)	While At Not While			
		Work At Work			
	22. I certify that 🏨 (this haspital) attend			19 68 ta	3 - 4 - 19 08 .
	that 🕼 (we) last saw the deceased alive	an 3.4.	19_68and th	at in (max) (aur) apin	lan death accurred an the date
	and haur and from the causes stated abov	e. (# (We) (did) (did not) v	riew the body after death.		
	23A. SIGNATURE		•		23B. DATE SIGNED
	J. Kkeres	Mal) Atte	ending Med. Director	Staff Physics	3.4.68
	23 C. PHYSICIAN'S	17 DOEGREE Phy	23D. ADDRESS	Phys.	· C MAODI ALIS
	NAME (Type)	EIKH MAN	LUTHERAN	HOSPITHL	OF MAKYLHND.
244	STARLE OF STARLES	DEGREE	BALTIM	OKE, MO.	2/2/6.
Z4 P	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	y, town, or county) (Stote)
	Tourest 47/08	yeur leen	ully h	my ful	en ca l'u
25A		OF REGISTRAR	250 FUNERAL DIRECTOR	(D)	1222 DORESS POST
	MAR 11 1968 Oblant 2.	talka, MA	Joseph.	L- rues	Valley to
F	150-REV. 1/1/6B				The transfer The



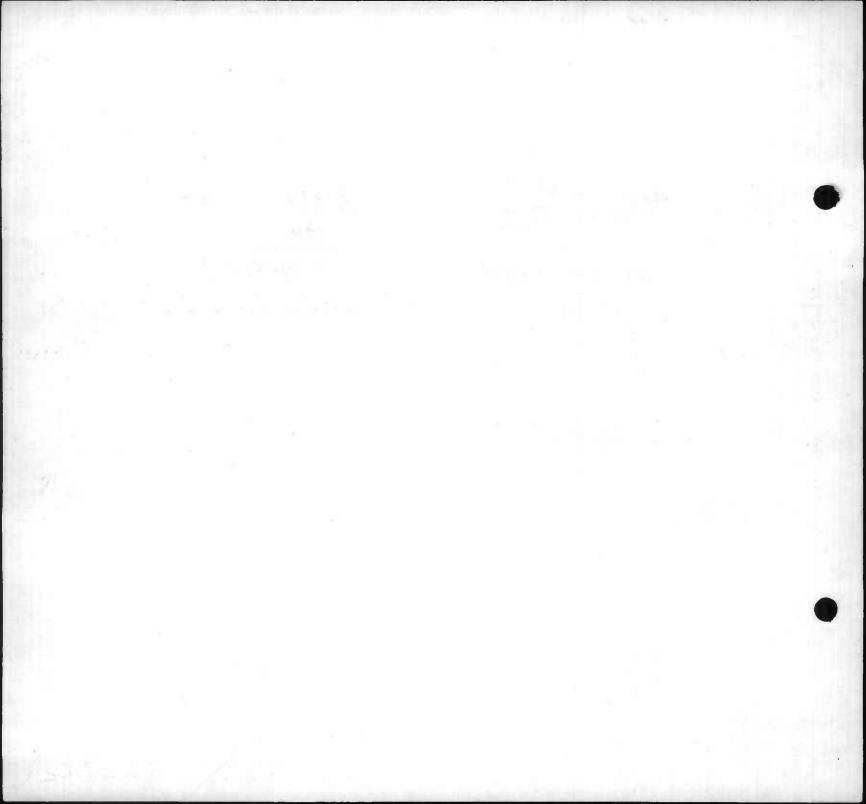
IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT	1	68- 2740
BIRTH NO. 188-04/95 00	- 2740 CERTIFICA	TE OF DEATH	H REG. NO	00 2140
1. NAME OF DECEASED		2. DATE	AND HO P OF DE	ATH
(Type or Print) Armstrong, Gir	1 - Blanche	Ma	arch 7, 68	12:30 A
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	14. USUAL RESIDENCE		If institution: residence befare adm
SULL MANAGE OF ME NOT AN HOSPIT	AL OR MISTELLEON CIVIS CORSE	MARYLAND	BALT IMORE	1. 53-0
FULL NAME OF (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN		INSIDE CITY LIMITS?
INSTITUTION				YEST NO
3 / Baltimore City Ho	enitals'	E. STREET AND NUMBE	R	
4940 EASTERN AVEN		5 DARK HEAD	D ROAD	21220
5. SEX ema le 6. RAChite	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
Tellia To	WIDOWED DIVORCED	3-5-68		2
10A. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT CO
done during most of working life, even if retired) dependent		MARYLAND		U.S.A.
13. FATHER'S NAME	l	14. MOTHER'S MAIDEN	NAME	
JAMES ARMSTRON	IC.		HORNEY	
			HOMNEL	ADDRESS
15. Was Deceased Ever in U. S. Armed For (Yes, na or unknown) (If yes, give war ar date	s af service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		WD
		RECORDS_BCH	4940 EASTE	RN AVENUE BALT IMO
rise to the above cause (A) UNDERLYING CONDITION last.	(C)		***************************************	
O OTHER SIGNIFICANT CONDITIONS CO				
OTHER SIGNIFICANT CONDITIONS CO	HE TERMINAL			
OTHER SIGNIFICANT CONDITIONS CO IN TO THE DEATH BUT NOT RELATED TO T V DISEASE OR CONDITION GIVEN IN PAR INFO.DATE, OF OPERATION 1798. CON	HE TERMINAL	20A. AUTOPSY? (Yes o	ir Na) 208, IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 199. LOATE OF OPERATION 1998. CON WATEPER 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	HE TERMINAL IT I (A). DITION FOR WHICH OPERATION WHOSE EMPHYSEMA	yes	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T OTHER DEATH BUT NOT RELATED TO T OTHER SIGNIFICANT CONDITION GIVEN IN PAR 19A.DATE OF OPERATION 19B. CON 3/6/68 W2+PER 0 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 0 21D.TIME (Month) (Doy) (Year)	HE TERMINAL IT I (A). DITION FOR WHICH OPERATION DITION FOR WHICH OPERATION DITION FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or about 21 C. WHERE DI	IN CERTIFYING	CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T OTHER DEATH BUT NOT RELATED TO T OTHER SIGNIFICANT CONDITION GIVEN IN PAR 194. DATE OF OPERATION 198. CON WATER OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	HE TERMINAL IT I (A). DITION FOR WHICH OPERATION DITION FOR WHICH OPERATION LITERATION L	yes in or obout 21C, WHERE DI ffice bldg., INJURY OCCUI	IN CERTIFYING (If In Bol	CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TA DISEASE OR CONDITION GIVEN IN PA 194. DATE OF OPERATION 198. CON 3/6/68 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	HE TERMINAL IT 1 (A). DITION FOR WHICH OPERATION CONTROL FOR WHICH OPERATION A CONTROL FOR WHICH OPERATION While At Wark At Wark	in or obout 21C. WHERE DI ffice bidg., INJURY OCCUI	IN CERTIFYING (If In Bol INJURY OCCUR?	timare City, give exact lacation
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T OTHER DEATH BUT NOT RELATED TO T OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO T OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (1) (this haspital	HE TERMINAL IT 1 (A). DITION FOR WHICH OPERATION DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not Whi Wark Not Whi At Wark	yes in or obout 21C, WHERE DI ffice bldg., INJURY OCCU 21F. HOW DID	IN CERTIFYING D (If In Bol R? INJURY OCCUR?	timare City, give exact lacation)
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OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TA DISEASE OR CONDITION GIVEN IN PA 19A.DATE OF OPERATION 19B. CON 3/6/68 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital that (1) (we) last saw the decease and have and from the causes sta	HE TERMINAL IT 1 (A). DITION FOR WHICH OPERATION DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not Whi Wark Not Whi At Wark	yes in or obout 21C. WHERE DI ffice bldg., INJURY OCCUI 21F. HOW DID 3-5 3-7 19 68 an	IN CERTIFYING (If In Bol INJURY OCCUR? 19 68 to d d that in (my) (aur)	timare City, give exact lacation) 3-7 aplinian death accurred on t
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OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 198. CON 3/6/68	HE TERMINAL IT 1 (A). IT 1 (A). IDITION FOR WHICH OPERATION IDITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At	yes in or about 21C. WHERE DI office bldg., INJURY OCCU 21F. HOW DID 18 3-5 3-7 19 68 and view the bady after deal and one of the bady after deal	IN CERTIFYING (If In Bol INJURY OCCUR? 19 68 to d d that in (my) (aur)	timare City, give exact lacation) 3-7 aplinian death accurred an t
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OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A.DATE OF OPERATION 19B. CON 3/6/68 19B. CON 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital that (1) (we) lost saw the decease and haur and from the causes sta 23A. SIGNATURE A A A A A A A A A A A A A A A A A A A	HE TERMINAL IT 1 (A). IT 2 (A). IT 1 (A).	yes in or about 21C. WHERE DI office bldg., INJURY OCCU 21F. HOW DID 18 3-5 3-7 19 68 and view the bady after deal and one of the bady after deal	IN CERTIFYING (If In Bol INJURY OCCUR? 19 68 ta d that in (my) (aur) oth. Shoff Applys.	timare City, give exact lacation) 3-7 aplinian death accurred on the state of the
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OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T OTHER DEATH OF OPERATION 19A. DATE OF OPERATION 19B. CON WATER OF CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital that (1) (we) last saw the decease and haur and from the causes sta 23A. SIGNATURE YAYMW ALAYAY 23C. PHYSICIAN'S NAME (Type) Prayun Chayapuks 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	HE TERMINAL IT I (A). IT I (A). DITION FOR WHICH OPERATION COMPLET Lobe emphysema 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While At Not White At Wark At Wark I) attended the deceased fram and alive an	yes in or obout 21C. WHERE DI office bldg., INJURY OCCUI 21F. HOW DID 3-5 3-7 19 68 and view the bady after deal ending Med. ps. Director 23D. ADDRESS Baltimore EMATORY 24	IN CERTIFYING (If In Bol R? (If In Bol INJURY OCCUR? 19 68 to d that in(my) (aur) oth. Stoff 19 hys. 12 City Hospita D. Location	causes of Death? timare City, give exact lacation) 3-7 19 aplinian death accurred an to the second
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T OTHER DEATH OF OPERATION 198. CON WELL PR OF CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital that (1) (we) last saw the decease and haur and from the causes star 23A. SYNATURE WE ASSENT THE CAUSE OF THE CONTRIBUTION (1) (WE) 23C. PHYSICIAN'S NAME (Type) Prayun Chayaptuks 24A. BURIAL CREMATION, 124B. DATE	HE TERMINAL IT I (A). IT I (A).	yes in or obout 21C. WHERE DI ffice bldg., INJURY OCCUI 21F. HOW DID 3-5 3-7 19 68 and wiew the bady after declars. 23D. ADDRESS Baltimore (24)	IN CERTIFYING (If In Bol R? (If In Bol INJURY OCCUR? 19 68 to d that in(my) (aur) oth. Stoff 19 hys. 12 City Hospita D. Location	causes of Death? timare City, give exact lacation) 3-7 19 aplinian death accurred on to 3-7-68 (City, tawn, or caunty)



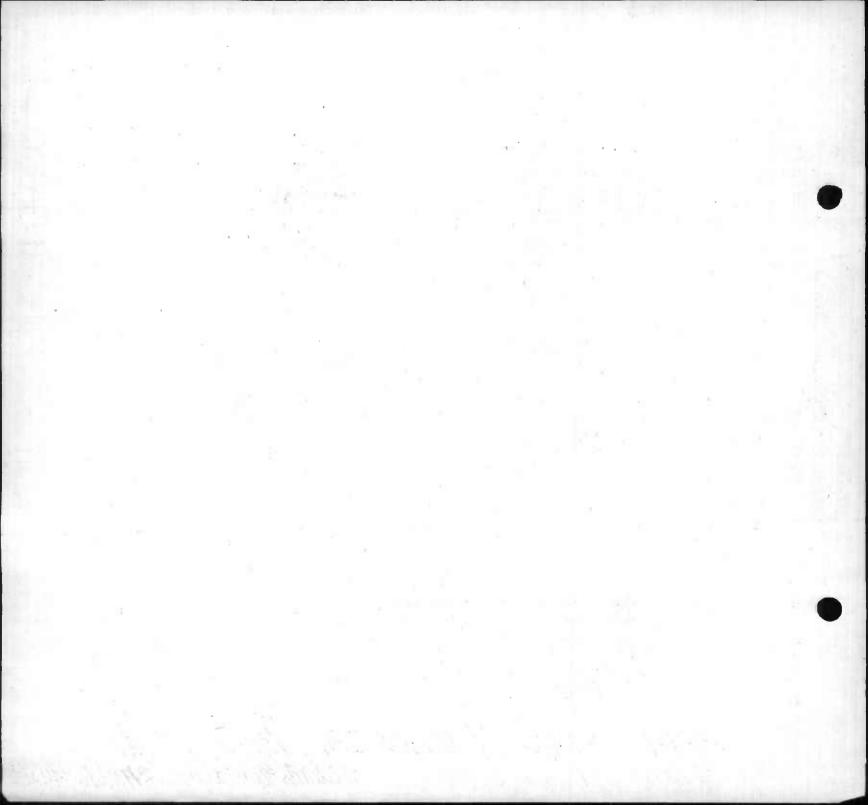
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

0 112	BALTIMORE CITY	HEALTH DEPARTMENT		CO. 97244
C - 462 = 68 - 2741	CERTIFICA	TE OF DEATH	REG. NO	68-2741
BIRTH NO. 1. NAME OF DECEASED	CERTITION.		HOUS OF SEATH	
(Type or Print) TAMES P. CLARK		2. DATE AND	3/8/6	7 30 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNTY		nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
20		BALTO.		YES NO
38 U. OF MARYLAND AOSP.		E. STREET AND NUMBER 2/6 5.	PAYSON	57.
5. SEX 6. RACE // 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9.	AGE fin years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
Male White WIDOWED	DIVORCED	8/24/11	56	William Soys Trous William
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	cauntry)	12. CITIZEN OF WHAT COUNTRY?
done during mast af working life, even if retired) H UCKSTER PROJ	UC E	MD.		US. 10
13. FATHER'S NAME	4	14. MOTHER'S MAIDEN NAME		
ma 1 CIAAW		MARY	F VAFKE	
15, Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	E. YAEKE	ADDRESS
(Yes, no or unknown) flf yes, give war or dates of service)	SECURITY NO.			
NO NOWE 2	18-14-9983	BARbATA A.C.L.	216 216	S. Tayson ST.
18.036.1	CAUSE OF DEATI			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		ma.		1 101.
LEADING TO DEATH	(A) IMMEDIATE CAU	SE Meninge	Cemu	a 18 lins
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:		
injury ar complication which caused death.)				
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise la the abave cause (A) stating the UNDERLYING CONDITION last.	(c)			
	(0)			
O 5 7. / II O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	.00.00000000000000000000000000000000000			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION	20 A. AUTOPSY? (Yes at Na)	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		463	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PLA	ACE OF INJURY (e.g., i form, factory, street, at	ar about 21C. WHERE DID	(If in Baltima	re City, give exact location)
0		215 112 112 112 112		
U OF INJURY	JURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROX.) While Wark	At Wark	· 🖸		
22. I certify that (I) (this haspital) attended the	deceased from	3 / 8 19	68 ta	3/8 1968,
that (I) (we) last saw the deceased alive an		19 68 and that	in (my) (que) ap	inian death accurred an the date
and haur and fram the causes stated above. (1)			(), (13), 4	
23A. SIGNATURE	re) (alap (ala har) v	lew the bady after death.		23B, DATE SIGNED
A 11	Atte	nding Med. S	hoff	3/8/68
Villiam Bloom	DEGREE Phys	. Director PI	hys.	3/0/68
23C.PHYSICIAN'S NAME (Type) WILLYAM B LOOM		23D. ADDRESS	MP. H	151.
	DEGREE OF CEMETERY OF CRE	MATORY 24D. LOC	CATION	City, town, or county) (State)
REMOVAL (Specify)	a. Carrieren ur Chi	240, 600		a / /
DUPIAL 3-12-68 LO	4don P	ARK BA	LTIMOR	5, Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	REGISTRAR	25C. FUNERAL DIRECTOR	6 HUNER	AL HO ADDRESS
MAR II 1968 OLLENTE, SUSTA	7 3	Francis W. mil	Per 21011	Trederick are
VS 150-REV, 1/1/68		(

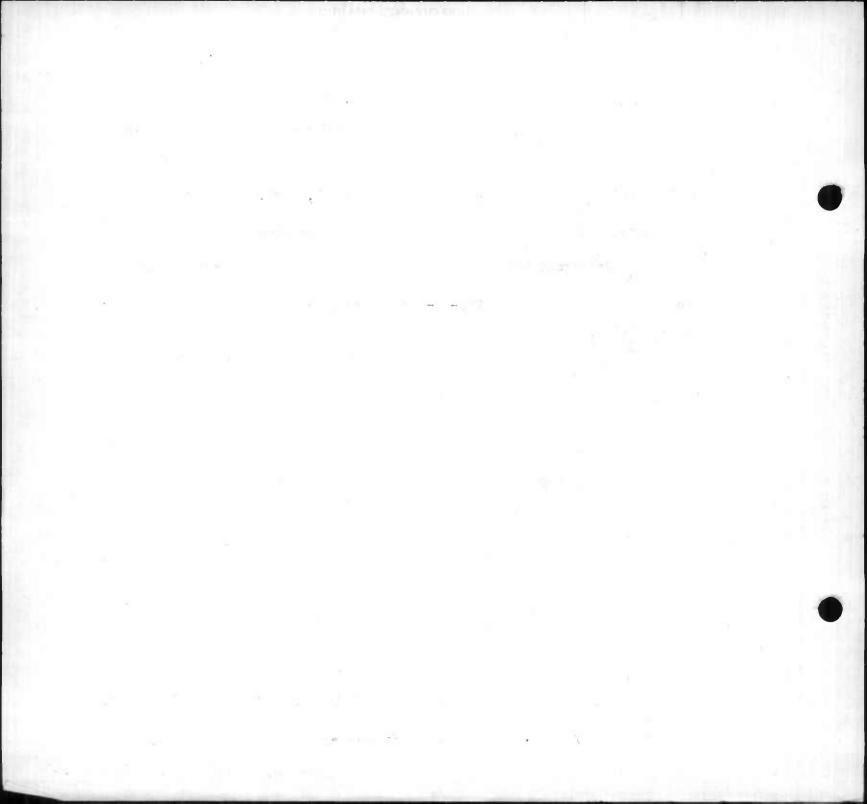


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1/1100 00 00	BALTIMORE CITY	HEALTH DEPARTMENT		G OMAG
4-400 68-27	CERTIFICA	TE OF DEATH	REG. NO.	8- 2742
BIRTH NO.	CERTIFICA			
1. NAME OF DECEASED (Type or Print) Winbon Hal	11		1 7,1968	10:30 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If ins	stitutian: residence before admission)
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION	STITUTION, GIVE STREET	Md.	D. INSI	DE CITY LIMITED
005 3 4-14- 61		Balto.		YES 🖾 🔻 🗀
205 N. Amity St.		E. STREET AND NUMBER 205 N. Amit	ty St.	
S. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
Male Colored WIDOW	ED IVORCED	April 15/96	71	
10A. USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if relired) Laborer	OF BUSINESS OR INDUSTRY		gn country) • C •	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
Emanuel Hall		Katherine	7	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		Edna Crittent	ton 543 N.	Pulaski St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the diser injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given is a the above cause (A) staling UNDERLYING CONDITION last. VIOLET SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	(B) DUE TO, OR AS The (C) OR WHICH OPERATION	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	e City, give exoct location)
	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Work		1	1
22. I certify that (I) (this haspital) ottende that (I) (we) lost saw the deceased alive	ed the deceased fram		. 1	nion death accurred on the date
and haur and from the causes stated abave	e. (1) (Wè) (d1d) (did nat) v	riew the body after death.		
23A. SIGNATURE	Ath Degree Phy		Staff Phys.	23B DATA SIGNED
23C. PHYSICIAM'S NAME (Type) GARN	FR DEGREE	23D. ADDRESS	hygt	to one
Bulla (Secily) 3/11/1968/	C. NAME OF CEMETERY OF CR	240, LC	CATION	ty) soyn a county) (Stote) ADDRESS
MAR 11 1968 12 0 6 2	Farbuns	Williams An	not al flower	Berli Jolhordi 1x
VS 150-REV. 1/1/6B	7	VINEGUIAN HAI	with Maria	- 17/1/1/1/1/1/ com tol.



SALTIMORE, MARYLAND, W	ARY WILLIAMS	March 8, 19	
OF (IF NOT IN HOSPIT.	HEKE FRONGONCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission
	AL OR INSTITUTION, GIVE STREET	Maryland	17-0
		C. CITY OR TOWN Baltimore	INSIDE CITY LIMITS2
Gould Conv 6116 Belai		E. STREET AND NUMBER	YES NO
OIIO DELAI	.I' Moad	2428 Bridgehampton	Brive
6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Monthsi Days Hours Min.
	WIDOWED DIVORCED	March 2, 1889.	9
	108. KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTR
			USA
	rvall		Clawr
	- X		
sea ever in U. 5. Armed Far own) (If yes, give war ar date			ADDRESS
			1249 Halsted Rd.
,	HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na) 20B. IF YES, W	/ERE FINDINGS CONSIDERED
DENT WAS UNDERLYING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar obaut 21C. WHERE DID (If in 80 affice bidg., INJURY OCCUR?	Itimare City, give exoct location)
(Month) (Doy) (Year)	(Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	While At Nat Wh	ile 🗀	
(a) last saw the decease	ed alive an March	19 6 and that in (my) (our	March 8 19 68 apinian death accurred an the da
	\		23B. DATE SIGNED
4.14. In	OEGREE Ph	ys. Director Phys. L	3.9.68
F (T., a.a.)		23D. ADDRESS 1520 E. 33rd St, B	alto, Md.
1 /2 21 /	24C. NAME of CEMETERY OF CI		(City, tawn, or caunty) (State)
ar .	Tollatile	Dar ormor o	
1.1 1000 D	25B. NAME OF REGISTRAR	Leonard J. Ruck, I	ADDRESS
THE PROPERTY OF THE PARTY OF TH	White CCUPATION (Give kind of wark at of warking life, even if refired) Rewife NAME Pattersol Issed Ever in U. S. Armed For awn) (If yes, give war and date Issed Ever in U. S. Armed For awn) (If yes, give war and date Issed Ever in U. S. Armed For awn) (If yes, give war and date Issed Ever in U. S. Armed For awn) (If yes, give war and date Issed Ever in U. S. Armed For awn) (If yes, give war and date Issed Ever in U. S. Armed For awn) (If yes, give war and date Issed Ever in U. S. Armed For awn) (If yes, give war and date Issed Ever in U. S. Armed For awn) (If yes, give war and date ANTECEDENT CONDITION DIII IN ISSED CONDITION (IN PARTICE ON IN IN PARTICE ON IN IN IN INCOMPANY IN ISSED CONDITION (IN IN IN IN INCOMPANY (Month) (Doy) (Year) Y IN ISSED CREMATION (IN IN IN INCOMPANY (Month) (Doy) (Year) Y CREMATION, (248. DATE CREMATION, (248. DATE	White CCUPATION (Give kind of work) Its did working lile, even if relired) Issewife NAME Patterson Exall Issed Ever in U. S. Armed Farces? awn) Idf yes, give war or dates of service) PAUSE OR CONDITION DIRECTLY LEADING TO DEATH Is not meen the mode of dying, e.g., Isse, complication which coused death, ANTECEDENT CAUSES SOR CONDITIONS, if ony, giving the obove couse (A) staling the obove couse (A) staling the OR CONDITION [IN] INSIDERATION [IN] INDIRECTED TO THE TERMINAL (C) INSIDERATION [IN] IN] INSIDERATION [IN] IN] IN] IN] IN] IN] IN] IN]	S. BATE NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH Never March 2, 1889. Ost Withday 7 Ost Withday 7 Never March 2, 1889. Ost Withday 7 Ost Withda



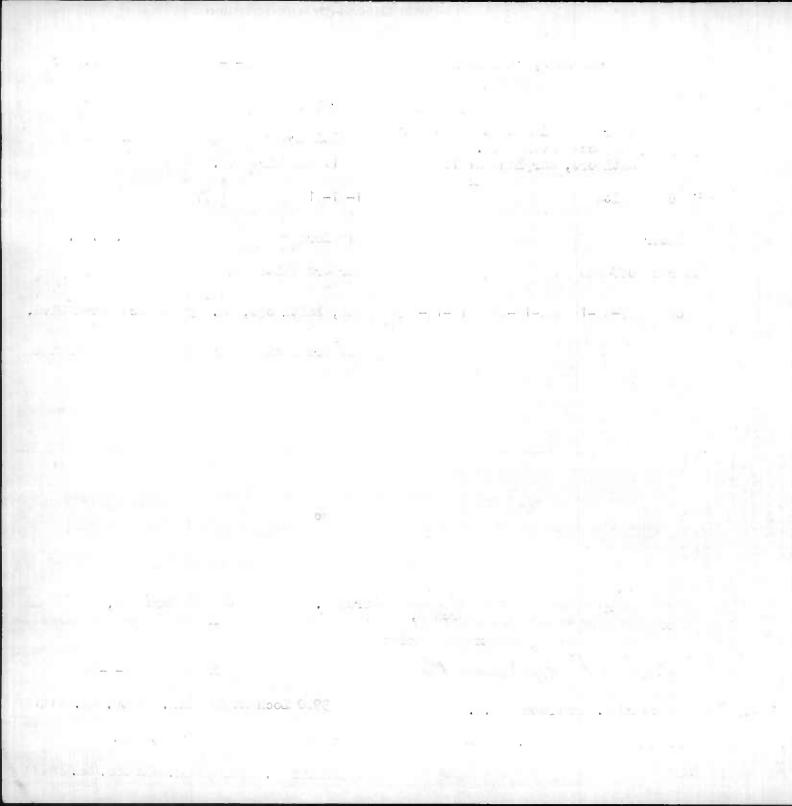
1	1-146	2 00	Om A	BALTIMORE CIT	Y HEALTH DEPARTMEN	T	6	8- 274
BIRT	H NO.	00	2/4	4 CERTIFICA	ATE OF DEATH			
	AME OF DEC	ANDRE	W J. 1	HIPPLER		ch 9, 1968.	тн	10:15-1
3. P	LACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	A. STATE B. C	Where deceased lived. OUNTY	If institution; re	sidence before odmis
HO	L NAME OF	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	Md .	D. 1	NSIDE CITY LI	MITS?
114.3	ITOTION	5005 Hillbu	rn Aveni	16	Baltimere		YES X	No
0	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			E. SIREET AND NUMBE	5005 Hilb	urn Ave	nue
	Male	6. RACE White	WIDOWED		8. DATE OF BIRTH Jan. 14, 188		If Under Months	1 Yr. If Under 24 Doys Hours Mi
done	during most of	JPATION (Give kind of working life, even if retired) Baugh Chemi.			Y 11. BIRTHPLACE (Stote or Mary	foreign country) yland		USA
13. F	ATHER'S NA	Ignatz M.	Hipples	•	14. MOTHER'S MAIDEN	Margaret	Hartma	n
S. V	Vas Deceased	Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT			ADDRESS
ies	No	thi yes, give wor or do	es or service)	212-05-8347	Mrs. Katherin	ne Hippler		(Same)
ATIC	DISEASES OF THE UNDERLYING	ICANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 198. CO	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).		S A CONSEQUENCE OF:	or No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF I	CONSIDERED DE ATH?
AL C	21 A. ACCIDEN OR CONTRIBL DEATH (notify	NT WAS UNDERLYING[JTING CAUSE OF medicol exominer)	21 hos	me, form, foctory, street,	in or obout 21C. WHERE DI office bldg., INJURY OCCU	D (If in 8alti	imare City, give	e exact lacation)
N N	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	ille At Not Whork At Work	ile 🗂	INJURY OCCUR?		
	and haur and 23A. SIGNATU	V B Dun	ated alive and ated above.	(I) (Wa) (did) (did not) DEGREE Ph	tending Med. Director C	d that in (my) (aus) Staff Phys.	23 B. DAT	E SIGNED
24A	BURIAL CRE	lbert B. Br		DEGREE		Road Balto	(City, town, o	21206 or county) (5th
A 2 C	Buria	1 3/13/6	4.70-	ored Heart of	Jesus Cem.		ore, Md	
	Mr. 11	1988 Roba	W . L3 AM 1	la contra	Leonard J	Ruck, Inc.	Balto.M	d. 21218
Λ.9	SO-REV. 1/1/	0.0						

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LLAL	IAME OF DE	CEASED HARRY	L. RE	EINISCH	March 9,	HOUR OF DEATH	1145 A
3	PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where d		itution; residence before odmi
FU	LL NAME OF SPITAL OR STITUTION			UTION, GIVE STREET	Md. c. city or town Baltimore		E CITY LIMITS?
5	^	2815 Westfie	ld Avem	ne -	E STREET AND NUMBER	2815 Westfi	
0	<u> </u>				<u> </u>		
	Male	White	WIDOWED		April 5, 1900. ost	67	tf Under 1 Yr. If Under 2 Months Days Hours A
	e during most o	CUPATION (Give kind of work I working life, even if refired) anic Retired	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign Maryland	country)	USA
13.	FATHER'S NA	ME	1		14. MOTHER'S MAIDEN NAME		
		Louis	Reinisc	eh		Katherine	?
15.	Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(16	No	(If yes, give war or date	a ui selvice)	215-10-3947A	Mrs. May I. Rein	isch	(Same)
	1B. / (0 -	2.1		CAUSE OF DEAT	н .	-	APPROXIMATE INTE
	DISEASES	21 2110111011					
	rise la f	OR CONDITIONS, if the above cause (A) IG CONDITION last.		(c)OV AS	A CONFIQUENCE OF TELEPHONE	Heart	2
TIFICATION	OTHER STEN TO THE DEADTSEASE OR	ne obove cause (A) IG CONDITION lost. II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	NTRIBUTING HE TERMINAL IT 1 (A).	(c)WHICH OPERATION	teriopolerate	Cliseas	NDINGS CONSIDERED SES OF DEATH?
CERTIFICATION	OTHER STON TO THE DEADISEASE OR	II IFICANT CONDITION S CONDITION OF CONDITIO	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V	(c)	20A. AUTOPSY? (Yes or No) 2	20B. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH? City, give exact lacation)
A	OTHER SIGN TO THE DEADISEASE OR 19 A. DATE CONTRIB	ne abave cause (A) IG CONDITION last, II IFICANT CONDITIONS CO NIH BUT NOT RELATED TO T CONDITION GIVEN IN PAR IF OPERATION 198. CON	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V	(C)	teriopolerate	20B. IF YES, WERE FII	
DICAL CERTIFICAT	rise lo fi UNDERLYIN / G Z J OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE C OR CONTRIE DEATH (noti	THE OBOVE COUSE (A) IG CONDITION lost. II IFICANT CONDITIONS CONTH BUT NOT RELATED TO	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED 218, hometc.	(C)	20A. AUTOPSY? (Yes or No) 2	20B. IF YES, WERE FII IN CERTIFYING CAUS	
CAL CERTIFICAT	ITISE IO HE UNDERLYIN OTHER SIGN TO THE DEAD ISEASE OR 19A. DATE CONTRIE 21A. ACCID OR CONTRIE DEATH (notice)	IFICANT CONDITION I DASI. IFICANT CONDITIONS CONTH BUT NOT RELATED TO TICONDITION GIVEN IN PAR FOPERATION 19B. CONWAS PERION WAS PERION CONDITION CONDITION TO THE PROPERATION 19B. CONWAS PERION WAS UNDERLYING TO THE PROPERATION TO THE PROPE	NTRIBUTING HE TERMINAL IT (A). IDITION FOR V FORMED 218. hometc. (Hour) 21E. Whi	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ILLE AT Not While	20A. AUTOPSY? (Yes or No) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20B. IF YES, WERE FII IN CERTIFYING CAUS	
DICAL CERTIFICAT	ITISE ID HE UNDERLYIN I G Z I OTHER SIGN TO THE DEAD DISEASE OR 19 A. DATE CO. 21 A. ACCID OR CONTRIEDEATH (notice of injury (APPROX.)	THE ADDRESS (A) IG CONDITION last. II IFICANT CONDITIONS CO ITH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR IF OPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF fy medical examined (Month) (Day) (Year)	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED 218, hometc. (Hour) 21E, Whi	WHICH OPERATION PLACE OF INJURY (e.g., in the form, factory, street, or instruction) INJURY OCCURRED ile At Not While At Work	20A. AUTOPSY? (Yes or No) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20B. IF YES, WERE FII IN CERTIFYING CAUS	
DICAL CERTIFICAT	rise lo fi UNDERLYIN / 6 2 1 OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE C 21 A. ACCID OR CONTRIE DEATH (noti) 21 D. TIME OF INJURY (APPROX.) 22. I certif	THE ADDRESS (A) IG CONDITION last. II IFICANT CONDITIONS CO ITH BUT NOT RELATED TO T CONDITION GIVEN IN PAR IF OPERATION 198. CON WAS PERI ENT WAS UNDERLYING UTING CAUSE OF Ty medical examined (Manth) (Day) (Year)	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED 218, hom etc. (Hour) 21E. Whi Wo:	WHICH OPERATION PLACE OF INJURY (e.g., in the farm, factory, street, of the farm, f	20A. AUTOPSY? (Yes or No) 2 1 in ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WERE FIIIN CERTIFYING CAUS	City, give exact location)
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DICAL CERTIFICAT	rise la fi UNDERLYIN / © 2 ,1 OTHER SIGN TO THE DEA DISEASE OR 19A. DATE C 21A. ACCID OR CONTRIE DEATH (noti) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (mail	THE ADDRESS OF THE MENT WAS UNDERLYING WAS PERLY MENT OF CAUSE OF THE MENT WAS UNDERLYING WAS PERLYING CAUSE OF THE MENT WAS UNDERLYING CAUSE OF THE MENT WAS UNDERLY	NTRIBUTING HE TERMINAL IT I (A). DITION FOR V FORMED 218, hometc, (Hour) 21E, Whi Wor	WHICH OPERATION PLACE OF INJURY (e.g., in the form, factory, street, of the form) INJURY OCCURRED ILLE At Not Whith At Work the deceased from the deceased from the form the factory of	20A. AUTOPSY? (Yes or No) 2 in or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DID INJURY	(If in Baltimare Y OCCUR? (In (my) (oor) opini	City, give exact location) 19 4 19 4 10 deoth occurred on the
DICAL CERTIFICAT	rise la fi UNDERLYIN / © 2 ,1 OTHER SIGN TO THE DEA DISEASE OR 19A. DATE C 21A. ACCID OR CONTRIE DEATH (noti) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (mail	IFICANT CONDITION lost. II IFICANT CONDITION S CO III BUT NOT RELATED TO TO CONDITION GIVEN IN PAR FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF fy medical examiner) (Month) (Day) (Year) That (I) (this hospital II) lost saw the deceose IVER WAS AN'S	NTRIBUTING HE TERMINAL IT I (A). DITION FOR V FORMED 218, hometc, (Hour) 21E, Whi Wor	WHICH OPERATION PLACE OF INJURY (e.g., integration of the property of the pro	20A. AUTOPSY? (Yes or No) 2 1 in ar about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY A 19 21F. HOW DID INJURY	(If in Baltimare Y OCCUR? (In (my) (oor) opini	City, give exact location) 19 4 19 4 10 deoth occurred on the
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MEDICAL CERTIFICAT	rise la fi UNDERLYIN / G 2 , I OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE C 21A. ACCID OR CONTRIE DEATH (nair 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (nair 23A, 1GNA 23C, PHYSICI NAME	IFICANT CONDITION last. II IFICANT CONDITION last. II IFICANT CONDITIONS CO III BUT NOT RELATED TO T CONDITION GIVEN IN PAR IF OPERATION 19B. CON WAS PER! ENT WAS UNDERLYING INTING CAUSE OF IV medical examines (Month) (Day) (Year) Y that (I) (Mis hospital I) lost saw the deceose INTING CAUSE OF IV medical examines IV that (I) (Mis hospital IV that (I)	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR V FORMED 218, hom etc. Whi Wo 1) ottended the dolive on ted obove. (I	WHICH OPERATION PLACE OF INJURY (e.g., in the factory, street, or in the factory, street, or in the factory) INJURY OCCURRED INJURY OCCURRED At Work At	20A. AUTOPSY? (Yes or No) 2 In ar about 21C. WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID INJURY 7 19 9 ond that view the body ofter death. 22D. ADDRESS 49 49 49 49 49 49 49 49 49 49 49 49 49 4	(If in Baltimare Y OCCUR? In (my) (vor) opini	City, give exact lacation) ACC 9 19 (ion deoth occurred on the 3/11/65) CALC BALLS W., town, or county 212

	AME OF DECEASED HOFFMANN, Jo	ohn Lewis		2. DATE AND	-8-68	тн	7:50 P
FUI	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) Veterans Administ 3900 Loch Raven I Baltimore, Maryla	tration Hospital	Marylar C. CITY OR TOW Baltime E. STREET AND	B, COUNTY ad vn ore	D. II	f institution: I	
	6. RACE 7. MJ	ARRIED NEVER MARRIED DOWED DIVORCED	1-31-91	lo	AGE (In years st birthday)	If Under Months	Doys Hours
don	during most of working life, even if retired) Painter ATHER'S NAME	CHAP OF BOSINESS OF HOOSEKI	New York	2			. S. A.
1	Conrad Hoffmann	1 6. SOCIAL	Barbara	Whitela	uf		ADDRESS
	yes 7-23-18 to6-16	SECURITY NO.			Records	O Lowh	Raven Blv
-	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION lost.	(c)	A CONSEQUENC	DE OF:			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMI	RMINAL N FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WE	RE FINDINGS CAUSES OF	S CONSIDERED DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or obout 21 C. W ffice bldg., INJUR	HERE DID Y OCCUR?	(II in Bolti	more City, gi	ve exoct location)
MEDIC	21D.TIME (Month) (Doy) (Yeor) (Hor OF INJURY (APPROX.)	While At Nork Not White Work	le 🗀	OW DID INJUI	RY OCCUR?		
			March 2	10	60 1	March	8. 19_
	22. I certify that 仏 (this hospital) atte that (仏 (we) lost saw the deceased oli and hour and from the couses stated ol	ve on March 8,	19 68	ond that		opinion dec	oth occurred on t
	that (1) (we) lost saw the deceased oli	ve on March 8,	view the bady o	ond that	in (rand) (our)	23B. DA	



ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Springate, M.D. March 9, 1968 NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 3/13/68. Immanuel Lutheran Cemetery Baltimore, Md. Burial 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto, Md. 21214 VS 151-REV, 1/1/68

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236-01-135h Mr. John B. Muser, Mr. 3605 Teach forth

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WOV. 23, 1084.

secret d. Mark, bc. | blro. H. 2121

VS 151-REV. 1/1/68

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.		IVILL	/ICAL		AAMIII YER 5	CLICITI	ICAIL	01 0	REG. N	0	
I. NAME OF DE	CEASED			_		II2. DATE	Known		lanth Day	Yeo	or Hour
(Tuna or Drink)	GEORGE	K.			JACKSON	OF DEATH	F	_	March 8, 1		1:09 A
4. PLACE IN BA	LTIMORE, MA	RYLAND, V	VHERE PR	ONO	DUNCED DEAD	3. DATE			lonth Doy	Yeo	or Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPIT	AL OR INS	ודטדוו	ON, GIVE STREET	10	OUNCED DEA		March 8,		1:09 A.
	JOHNS	HOPK	INS HO	OSP	ITAL (DOA)	A. STATE	Mary		B. COUNT		nce befare admission)
6. SEX	7. RACE		8. MARR	IED	NEVER MARRIED		OR TOWN		D. INSIDE	CITY LIMIT	52/10
Male	Whit	_	WIDOV				timore			YES X	NO 🗆
9. DATE OF BIRT		10. AGE (I	(v)		nder 1 Yr. If Under 24 Hrs. ths , Days , Hours , Min.		AND NUME				
July 18,		21	J.CA.					Avenu	ie Zone #6		
11. BIRTHPLACE		in country)			NHAZGOUNTRY?	13. FATH	R'S NAME	?	J	acksor	n
	yland	1. 1.	1 40 1/1515			WIE MOT	IFDIC ALAIDED	NI NI A AAF			
dane during mast of	warking life, ev	en if retired)			BUSINESS OR INDUSTR	1 13. MOII	HEK 2 WAIDEL	N NAME	Edna Ka	ne.	
	Helper				el Co.	10 1150	D 4 4 4 4 1 T		Edila Na		
16. WAS DECEAS (Yes, no or unknown Yes	(If yes, give y	u.S. ARMEI	of service)	214-26-4954	18. INFO		- 10	T 1	ADDRESS	
	K	orean					Kosann	a M.	Jackson		(Same)
19. E 8	12.91				CAUSE OF DEA	ATH					APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEAS	SE OR COND	ITION DIRE	CTLY		Multipl	e Trau	matic I	njurie	es		
	LEADING TO				(A)IMMEDIATE	CAUSE					
(This does	nat mean the e, asthenia, etc	made of dy	/ing, e.g.,		DUE TO, OR	AS A CONS	EQUENCE OF:				also can also also also can calcona also can also can also can can communicate can can can can can can can can
Injury or co	mplicotion which	ch coused de	oth.)								
	OR CONDITI		Y GIVING		(8)	AS A CON	SEQUENCE OF		~~~~~~		
RISE TO TH	IE ABOVE CA	USE (A) STA	TING THE								
Z	NG CONDIT	ION LASI.			(c)						
E E816.	.1	11									
O THE DE	ATH BUT NOT	RELATED TO	THE TERM	INAL							
20A. DATE O	R CONDITION				WHICH OPERATION W	AS PEREO	RMED			21. AI	UTOPSY? (Yes or Na)
87											
₹ 22A. EXTER	RNAL CAUSE	WAS		228	PLACE OF INJURY(e.g.	in or ohou	22C WHERE	DID (Kin	Raltimore City give	evect legation	Yes
UNDERLYING UTING C	G⊠OR CON AUSE OF DEA	TRIB-		home	e, farm, factory, street, offi Street	ce bldg., etc.	INJURY OCC	CUR?			w, Maryland
≥ 22D. TIME OF INJURY	(Month) (D	oy) (Yea	r) (Hou	r) 2	2E.INJURY OCCURRED	Cle	22F. HOW D	DID INJUR	Y OCCUR?		7100
(APPROX.)	3 8	68	12:45	m.A		WHILE WORK	Auto-	truck	collision		53-00
23.				7		. च					
1 10	tify that I h					tapsy X	-	7	basis, death in r		n
resu	lted fram: N	latural cau	ses 📗	A	ccident 🛚 Suici	de 🔲	Hamicide		determined manne	PF	
	. /		10		11 , 1		CHIEF MED		-		DATE SIGNED
SIGNAT		Curlo	1 2	1 1	and to	AS	SISTANT MED	ICAL EXA	MINER X		DAIL SIOIVED
EXAMIN NAME (NER'S	Rona1d	1 N. I	Cor	nb1um, M.D.	AS	SOCIATE MED	ICAL EXA	MINER		3-8-68
24A. BURIAL CRE	MATION, 2	4B. DATE		24	C. NAME of CEMETERY	ar CREMA	TORY	24D. LO	CATION (City, t	own, or cou	unty) (Stote)
REMOVAL (Spec	ify)	3/11	/68.		Mereland Mem	orial	Cemeter	y	Baltimo	re, Mo	d.
25A. DATE REC'E	1968	DEPT.	25B. N		OF REGISTRAR		onard J		k,Inc. Bal	ADDRESS to Md	
THE PARTY IN	13000	I was	UI C.	Acr	Charles and the charles are th	-	U ANDREW	4	72	Beard	

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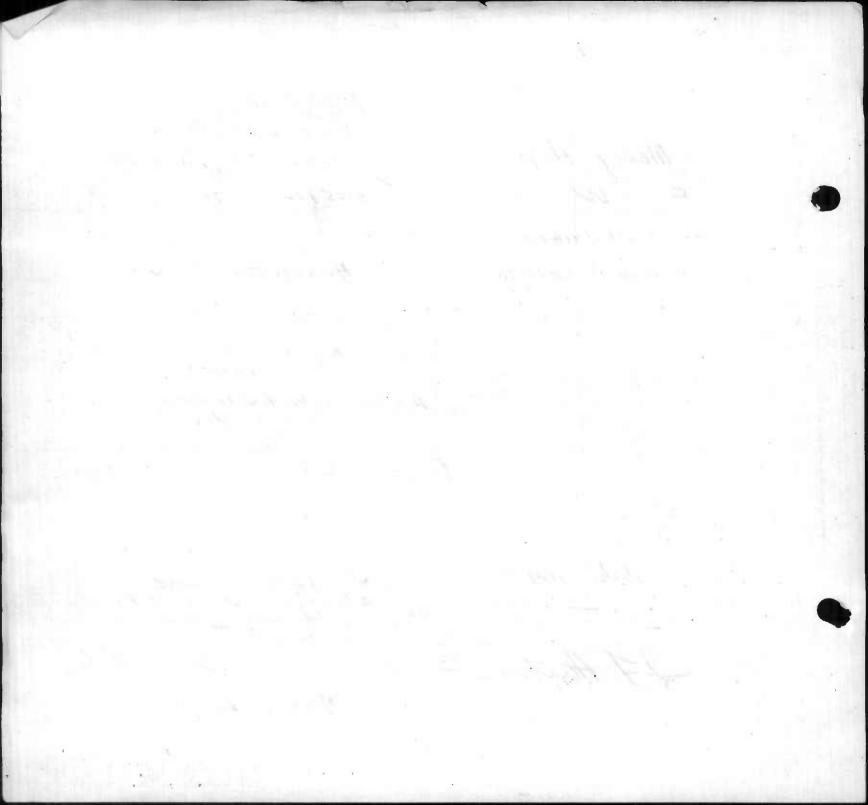
All exactlifies are seen fallowed to lead . Thirty

Secretar J. Huck, lines had to Millian

BALTIMORE CI	TY HEALTH DEPARTMENT					
68- 2749 CERTIFIC	ATE OF DEATH REG. NO. 68-2749					
BIRTH NO.						
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
(Type or Print) MRS, Agnes Ann Schwa	3/9/68 - 55%					
3. PLACE IN BALTIMORE, MARYUAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)					
V	A. STATE B. COUNTY Baltimore					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland					
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	Baltimore YES NO X					
het is a married Mannital	E. STREET AND NUMBER					
t Union Memorial Hospital	8322 Bon Air Road 21234					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	R. DATE OF RIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.					
lubite =	1 67-64-22 lost birthdoy Months Doys Hours Min.					
MIDOMED DIVORCED						
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
1	Raphagopoot Penna. USA					
nousewite 12 EATHERS NAME	14. MOTHER'S MAIDEN NAME					
13. FATHER'S NAME	4. \					
Joseph Semansky	Anna Dill					
15. Was Deceased Ever in U. S. Armed Forces? 14 SOCIAL	17. INFORMANT ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mr. Bradford B. Schwab (Same)					
No RO2 528-863						
18.5 7/,9 CAUSE OF DE	ATH APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH	AUSE He pato cellular failure 7 days.					
(This does not mean the mode of dying, e.g., DUE TO, OR	AS A CONSEQUENCE OF:					
hearl failure, oslhenia, etc. It means the disease, injury or complication which caused death.)						
	phasis of liver 3 yrs.					
ANTECEDENT CAUSES	AS A CONSEQUENCE OF:					
	AS A CONSEQUENCE OF:					
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)						
(7)						
Z 581.0						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 17B. PLACE OF INJURY (6.	/V 6,					
OR CONTRIBUTING CAUSE OF home form foctory street	g., in or about 21C. WHERE DID (If In Boltimore City, give exact location) office bldg., INJURY OCCUR?					
DEATH (notify medical examiner) etc.)						
Q 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F, HOW DID INJURY OCCUR?					
W OF INJURY						
(APPROX.) While At Work At W.						
22. I certify that (this haspital) attended the deceased fram	3/2 1968 to 3/9 1968.					
that (we) last saw the deceased alive an 3/9	19 68 and that find (aur) apfinian death accurred an the date					
and haur and fram the causes stated abave. (We) (did) (did	riew the bady after death.					
	overing for 23B, DATE SIGNED					
23A. SIGNATURE	Amount of the state of the stat					
O.O. D. P. ho MD	Attending Med. Staff 2/9/1968					
alan B. Chen MD.	Phys. Director Director Phys. Director					
GOa B Che MD.	23D. ADDRESS					
Oclan B. Cohen MD. 23C. PHYSICIAN'S NAME (Type) DR. ALAN B. COHEN	3501 ST Paul ST. Balto M& 21218.					
Olan B. Cohen MD. 23C. PHYSICIAN'S NAME (Type) DR. ALAN B. COHEN DEGREE	3501 ST Paul ST. Balto M& 21218. 3501 ST. PAUL ST BALTIMORE 21218 MD					
Oclan B. Chen MD. 23C. PHYSICIAN'S NAME (Type) DR. ALAN B. COHEN 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF	23D. ADDRESS 3501 ST. Paul ST. Balto M& 21218. REE 3501 ST. PAUL ST BALTIMORE 21218 MD CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
Qlan B. Chen MD. 23C.PHYSICIAN'S NAME (Type) DR. ALAN B. COHEN 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 3/12/68. Pulaney Valley M	23D. ADDRESS 3501 ST. Paul ST. Balto Md 21218. REE 3501 ST. PAUL ST BALTIMORE 21218 MD CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
Qlan B. Chen MD. 23C.PHYSICIAN'S NAME (Type) DR. ALAN B. COHEN 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	23D. ADDRESS 3.501 ST. Paul ST. Balto M& 2/3/8. REE 3501 ST. PAUL ST BALTIMORE 2/2/8 MD CREMATORY 24D. LOCATION (City, town, or county) (Stote) Mem. Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS					
Olan B. Chen MD. 23C.PHYSICIAN'S NAME (Type) DR. ALAN B. COHEN 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 3/12/68. Dulaney Valley M	23D. ADDRESS 3.60/ ST. Paul ST. Ballo M& 2/2/8. 350/ ST. PAUL ST BALTIMORE 2/2/8 MD CREMATORY 24D. LOCATION (City, town, or county) (Stote) Mem. Cemetery Baltimore, Md.					

OT:09-22 HS 17/028/17 house wife. Leaph Semanary Anna Dill For 531 563 eVI.

C-640 68- 2750 BALTIMORE CIT	Y HEALTH DEPARTMENT 58- 2750
CERTIFICA	ATE OF DEATH REG. NO.
BIRTH NO.	2, DATE AND HOUR OF DEATH
(Type or Print) LOUISA, CARROLL	3/7/68 83°A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, ff institution: residence before admission) A. STATE B., COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY-OR TOWN ID. INSIDE CITY LIMITS?
INSTITUTION	SACTIMORE YES TO NO
3/ MERCY HOSP.	3501 ST PAUL ST
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. AGE (In years of birthday)
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Refired school teacher Edication	CHESTERTOWN, Md. KL.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William S. CARROll	HENRIETTA WRIGHT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT ADDRESS
15/-28-737	DA ROMALD D. BALL FIRST WAT'L BAN.
18.410.9 1 F 8 X X TOAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	MUDICARNIA Sudden
(This does not mean the mode of dying, Due TO, OR A	AUSE Myocarnial Sudden SACONSEQUENCE OF: INFARCTION
injury or complication which coused death.)	
ANTECEDENT CAUSES	TORIDS Clerotic CARDENASCUL YEARS AS A CONSEQUENCE OF: 0/15 & ASE
I have been all the second of	AS A CONSEQUENCE OF: OISEASE
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	
- 420.1 II COC	
E TO THE DEATH BUT NOT KELATED TO THE TERMINAL	une (4) hip 2/27/68
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g. home, form, foctory, street,	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) TO DEATH (notify medical examiner)	BANK REDWOOD AND LIGHTSTREETS
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY 2/27/68 /PM While At Not W Work At Wo	
22. I certify that (I) (this hospital) attended the deceased fram	2/27/68 1968 to 3/7 1968,
that (I) (we) last saw the deceased alive an	19 and that in (my) (aur) apinian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did nat)	
23A. SIGNATURE	thending Med. Shaff A
OF GREE	Med. Director Phys. 3/7/6 \$\mathcal{Images}\$
23C. PHYSICIAN'S NAME (Type) I. F. HARTMAN II	Meeca Vlace
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3/11/68 Chester	Chestertown
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF TEGISTRAR	Chestertown, Md.
MAR 11 1968 Polent E. Jaskey	H. W. Jenkins & Sons Co. 4905 York Rd
VS 150-REV. 1/1/6B	and the same of th



25C. FUNERAL DIRECTOR

ADDRESS

Balto., Md.

H.W. Jenkins & Sons Co. 4905 York Rd.

25A. DATE REC'D BY HEALTH DEPT.

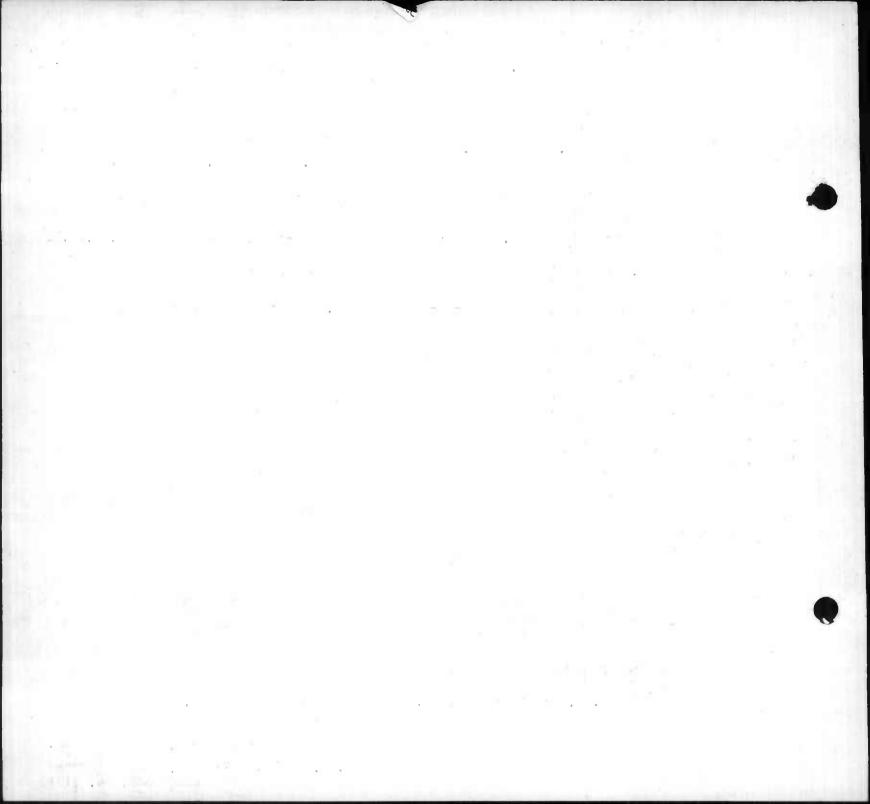
25B. NAME OF REGISTRAR

JON BERN

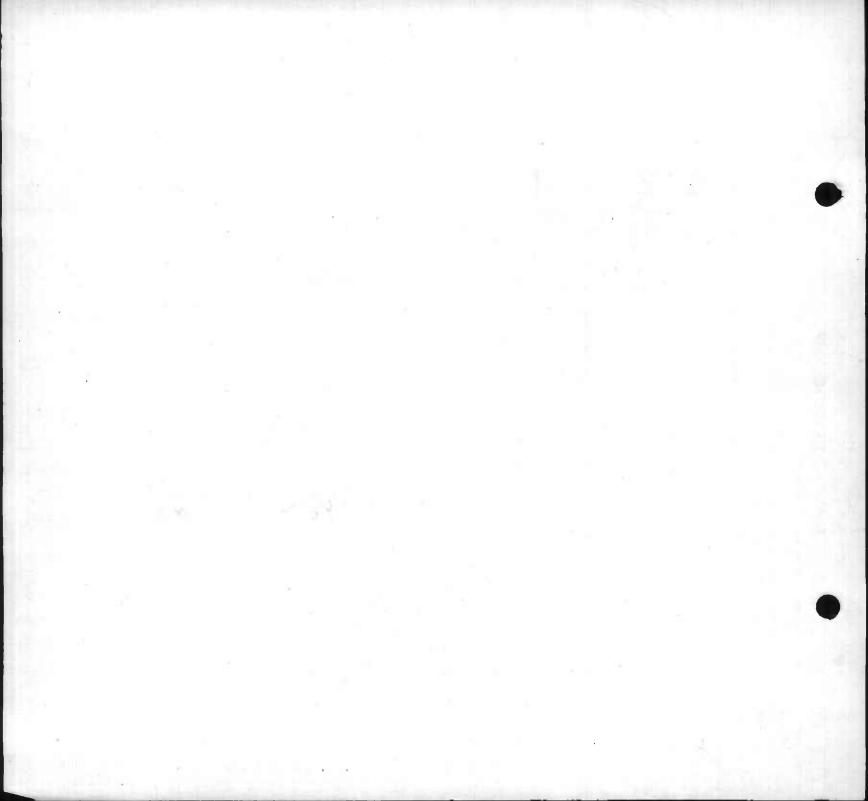
Letter from M.E.'s office 3-25-68 M.H.

ath occurred in a hospital and r contributing cause of death determined cause; (5) Deceased in regular attendance on the leceased prior to death. Such ion is made.	3. FI H IN
he direct o kind; (4) Un death was ce on the c	1.5 (Y.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	AAEDICA! CEBTIEICATION
ody wa ody wa s: (1) Ar D.O.A. o ased pr	24
This of the bashow was deceded	25

DIE	B-341	0 68-	275	CERTIFICA	TE OF D	EATH	REG. I	NO	38-2752	2
	TH NO.	ASED				2. DATE A	ND HOUR OF	DEATH		
	pe or Print)	Osborne	T. Bi	ddlo			1 10, 196		1 16.2	1 0
3.	PLACE IN BALT	MORE MARYLAND, WHE			4. USUAL REST	B. COU	ere deceased liv	ed. If instit	ution: residence before	admission)
FU	LL NAME OF	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			Maryland 10-01					
IN	HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOWN D. INSIDE CITY LIMITS?					
1					Baltime	re		Υ	ES X NO	
A	- 16	3900 N. Charles St.			E. STREET AND NUMBER					
					3900 N.	Charl	les St.			
5. !	SEX	6. RACE 7.	MAPPIER	NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In yes		If Under 1 Yr. , If U	nder 24 Hrs.
	M	fel	/IDOWED		8/25/189	25	lost birthdoy)	^	Nonths Doys Hours	Min.
10.4	1.4	PATION (Give kind of work 10)							12, CITIZEN OF WHA	COUNTRY?
don		vorking life, even if retired)		Brown & Sons		ninator			U. S. A.	
	FATHER'S NAM		ex.	ytown a sons	14. MOTHER'S			vie	u, 3, A,	
	Samuel C	. Biddle			Mary A	lice Of	sborne			
15.	Was Deceased	Ever in U. S. Armed Forces (If yes, give war or dates o	(capuis a)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS	
	'es	WWI	JUIVICE	212-09-4258	Mrs A	ala Tama	es Biddle	9:	(Same)	
-	18.1 00 0	2 1		CAUSE OF DEAT		the Double	25 Stude	<u> </u>	APPROXIMATI	EINTERVAL
	1070	E OR CONDITION DIREC	TIV						BETWEEN ONSE	T AND DEATH
		LEADING TO DEATH	121		(Q 10.	A	a.			
		of meon the mode of dy			A CONSEQUENCE	OF:	0110			****
		osthenio, etc. It means the plicotion which coused de						4.		
		NTECEDENT CAUSES		()			RLY	D. D.		
				(B) OP AS	A CONSEQUENCE	E OF	1 / 1 / 19	~ un	(2)	
		R CONDITIONS, if ony obove couse (A) si			A CONSEQUENCE	LE OF:				
		CONDITION lost.		(c) \\	4017	2				
	180X	- 11								
ATION	OTHER SIGNIF	CANT CONDITIONS CONTI								
ATI		H BUT NOT RELATED TO THE TONDITION GIVEN IN PART 1								
F	19A.DATE OF	OPERATION 198. CONDIT		WHICH OPERATION	20A. AUTOPS	Y? (Yes or N	o) 20B. IF YES,	WERE FIN	DINGS CONSIDERED	
ERTIFIC	0	WAS TENIOR			4	0				
AL C	OR CONTRIBU	TING CAUSE OF medical examiner)	21 ho	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.)	n or obout 21C. W ffice bldg., INJUR	HERE DID	(If in	Boltimore (City, give exoct locotion	n)
U			lour) 21	E, INJURY OCCURRED	215 14	OW DID IN	JURY OCCUR?			
MEDI	OF INJURY	(Monin (Day) (Teon (hile At Not Whil		או טוט אא	JORT OCCOR?			
-	(APPROX.)			ork At Work	* L		4.0			- 12
	22. I certify	that (1) (this haspital) a	ttended	the deceased fram			1966 to		3-9	19 6 0
	that (I) (we)	last saw the deceased of	live on.	3-8	19 6	8 and t	hat in (mv) (a	ur) apinio	on death accurred	an the date
							- Control of the Cont			
	23A. SIGNATU	from the causes stated	abave,	(1) (we) (ala) (ala har) V	riew the body o	itter death.		12	3B, DATE SIGNED	
	234. 31014410	The board	7.0	Atte	inding M	ed.	Staff	12.	SE DATE SIGNED	
		7. 17cm 14 4	- Le	DEGREE Phy	s. D	irector 🔲	Phys.		3-11-68	
	PHYSICIA NAME (T)	(00)	er wi	lson. Jr.	23D. ADDRESS 803 Med	dical A	irts Bldg	1.		
244	BURIAL CREA	MATION, 24B, DATE		DEGREE			LOCATION		town, or county)	(Stote)
	REMOVAL IS			han Eniterin	Church		Kilmarno	ah	1	la.
25/	A. DATE REC'D	BY HEALTH DEPT. 25	B. NAME	race Episcopal	Church 25C. FUNER	AL DIRECTO	R	/CIC	ADDRESS	
	ean 11	1968 Rebut 8	ta	Lieu Mill	H. W.			Co. 4	905 York Ro	ad
VS	150-REV. 1/1/6			*				Baltim	ore, Md. 21	212



2-200 68- 2753 CERTIFICATE OF DEATH REG. NO. 68- 2753							
1	68- 2753						
		CERTITION					
	AME OF DECEASED	1 101-	2. DAJE AN	D HOUR OF DEATH			
,,	MILDRED JE	IR ZACK	2-	1-1968	1,45 4M.		
3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN'	TY	ution: residence before admission)		
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MC. BAL	TIMORE	CITY HARTES		
INS	TITUTION	ITE HOUTH	BALTIMOR		CITY LIMITS?		
11	MONTEBELLO STA	1 1 1100 piles	E. STREET AND NUMBER		74		
			1245 WAL				
S. S	F 6. RACE 7. MARI		5 - 9 - 1909	ost birthdoy)	f Under 1 Yr. If Under 24 Hrs.		
	USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?		
		OUCATION	14. MOTHER'S MAIDEN NAM	N.V	U.S. A.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE /			
1	OSEPH R. SUR		KOSTER,	FREDA	K		
15. 1 (Yos	Was Decoased Ever in U. S. Armed Forcas? inno or unknown) (If yes, give wor or dates of serv		17. INFORMANT		ADDRESS		
	Wo	217-48-2125		D PARKS	- 1 CHARLES CENTE		
	18. 3 4 0 X I	CAUSE OF DEAT	1	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DÍSEASE OR CONDITION DIRECTLY LEADING TO DEATH		2	1	111111111111111111111111111111111111111		
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE PULLULAR A CONSEQUENCE OF:	ones	*****		
	heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	11111	TIME COLE	Paric	17 years.		
	DISEASES OR CONDITIONS, if any, gi	(B) DUE TO OR AS	A CONSEQUENCE OF:	7 03/3			
	rise to the above couse (A) stating		A SONSEQUENCE OF				
	UNDERLYING CONDITION last.	(C)					
7	345 X 11						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI				100 100 100		
A	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120 A	COR	********		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION 1	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	IN CERTIFYING CAUSE	DINGS CONSIDERED		
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (o.g., in	n or obout 21C. WHERE DID	(If in Boltimore C	Lity, give exact location		
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	homo, form, foctory, street, of	fice bldg., INJURY OCCUR?				
	21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	121F. HOW DID INJU	JRY OCCUR?			
ME	OF INJURY (APPROX.)	While At Not While	e 🗖				
		Work At Work	G. 37 .	. / >	3-7 :: 18		
	22. I certify that (1) (this haspital) attend				3-7-19.68,		
	that (M) (we) last saw the deceased alive			it in (my) (aur) aplnfo	in death accurred an the date		
	and have and from the causes stated abov	ve. (I) (We) (did) (did not) v	iew the bady after death.				
	23A. SIGNATURE	Atta	nding Med.	Shaff 🖂	BR, DATE SIGNED		
	A. Falquerie	D. OEGREE Phys	i. Director	Phys	3-7-1968		
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS				
ALBIERT FOLGCIERAS OFFIBBISBANE RABA							
24A	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CRE		CATION (City,	town, or county) (Stoto)		
	Cremation 3/11/68 258 NA	Greenmount		etimore	Md.		
2SA		ME OF REGISTRAR	25C. FUNERAL DIRECTOR H. W. Jenkins	ETans Ca 10	05 Vorb Road		
	WWW TI 1900 CROSSO	Acres de la constante de la co	it. W. Jerikaris		Md. 21212		
VS	150-REV. 1/1/6B			bacconorce,			

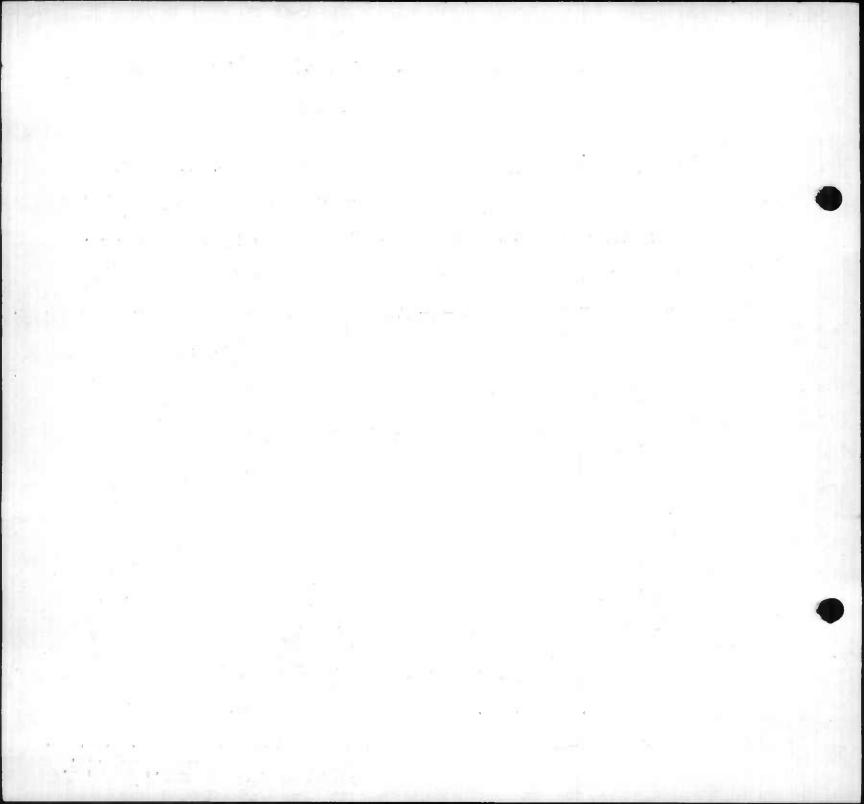


	HEALTH DEPARTMENT	CO CAMPET
68- 2754 CERTIFICA	TE OF DEATH REG. NO.	68- 275;
BIRTH NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	. # #
(Type or Print) Charles Kline (CHARIES F.	KLINE . Sr.) 645 AM . 3/	8/18 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. N in	station: residence before admission
THE NAME OF STREET OF STREET		80
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INS	IDE CITY LIMITS?
Baltimore City Hospitals	Baltimore	YES NO
4940 Eastern Ave.	E. STREET AND NUMBER	
Baltimore, Maryland # 21224	6828 Eastbrook Ave. 212	
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
Male White WIDOWED DIVORCED	9-3-01 66	
0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
Shipfitter Beth. Steel ShipYrd.	West Virginia, Wheeling	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Kline	Mary Emma Baker	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	BOIL Beerede 1010 E et eu	#21224
613-09-33(3	BCH: Records 4940 Eastern	Ave. Baltimore, MC
4 x 4,1	" Postoperative	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M	24/1
(This daes not mean the made of dying, e.g., DUE TO, OR AS		
heart failure, asthenia, etc. II means the disease, injury ar complication which caused death.)	A CONSEQUENCE OF:	6
ANTECEDENT CAUSES	You Stemes six	7
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating the	in a scleros:5	7
UNDERLYING CONDITION lost. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (a).		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
To allellan Itmalir Stevens	YES YES	OSES OF DEATH:
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, farm, factory, street, o	in ar about 21 C. WHERE DID (If in Boltimor	re City, give exact location)
DEATH (notify medical examiner)		
21D.TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Work (APPROX.) While At Work At Work	le 🔲	
22. I certify that (I) (this haspital) attended the deceased fram	2 1 1968 to	3 8 1968
that (1) (we) last saw the deceased alive an 3.8	19 6 and that in (my) four api	
and haur and fragh the causes stated above. (1) (We) (did) (did nat)		
23A. SIGNATURE	view the budy difer death.	23 B. DATE SIGNED
Ath	ending Med. Staff A	3/8/68
23C. PHYSICIAN'S Phy	ys. Director Phys. (4)	2/0/00
NAME (Type)	Baltimore City Hospitals	
Philip G. Coleman MD. OEGREE		- N
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (C	ity, town, ar county) (State)
Burial 3-11-68 Oak Lawn Cem		Blvd.Ba.Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR 6224	Eastern ARVess
MAR 11 1968 Report & talley	Charles Si Seller Balt	o., 21224, Md.

4

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68



BIRTH NO.	FICATE OF DEATH REG/NO. 68 2755
ADOMAITIS, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2, DATE AND HOUR OF DEATH
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ST AGNES HOSPITAL	A, STATE B. COUNTY MARYIAND Baltimore
40 ST AGNES HOSFITAL	5000 LEEDS AVENUE
MALE WHITE WIDOWED DIVORCE	ED 12/13/85 82
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INCode done during most of working life, even if retired) Carpenter	LITHUANIA U,S.A.
Partanatas Adomaitis FERIXINAVIXATIONAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MARY MARY Povilauskiute
5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) 2 1403 50	17. INFORMANT ADDRESS
DISEASES OR CONDITIONS, if any, giving DUE TO,	on no y consequence or.
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	N 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
rise la lhe abave cause (A) slaling lhe UNDERLYING CONDITION last. (C)	
TISE IN THE ABOVE CAUSE (A) SIDING THE UNDERLYING CONDITION IDEA. (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Y (e.g., in or about 21C. WHERE DID Injury OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR?
rise la lhe abave cause (A) slaling lhe UNDERLYING CONDITION last. 1	N 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Y (e.g., in or obout 21C. WHERE DID in Certifying Causes of Death? (If in Boltimore City, give exoct location) in White 1 Work 1 19 68 to MARCH 8, 19 68 MARCH 7, 19 68 to MARCH 8, 19 68 ond that in (my) (our) opinion death occurred on the death occurr
TISE IN THE ABOVE CAUSE (A) SIGNING THE UNDERLYING CONDITION INST. 1	NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO (If in Boltimore City, give exect location) (If
TISE IN THE ABOVE CAUSE (A) SIGNING THE UNDERLYING CONDITION last. 1	NO 20A. AUTOPSY? (Yes of No) NO Y (e.g., in or obout 21C. WHERE DID in CERTIFYING CAUSES OF DEATH? NO 21F. HOW DID INJURY OCCUR? Itel 21F. HOW DID INJURY OCCUR? MARCH 7, 19 68 to MARCH 8, 19 68 19 68 ond that in (my) (our) opinion death occurred on the doll not) view the bady ofter deoth. Attending Med. Director 5toff Phys. 23D. ADDRESS WILKENS & CATON DEGREE ST AGNES HOSPITAL - BALTO MD 21229
TISE IN THE ABOVE CAUSE (A) SIGNING THE UNDERLYING CONDITION INST. 1	NO 20A. AUTOPSY? (Yes of No) NO Y (e.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? NO 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? MARCH 7, 19 68 to MARCH 8, 19 60 to MARCH 7, 19 68 ond that in (my) (our) opinion death occurred on the doll not) view the bady ofter deoth. Attending Med. Director 5hoff Phys. 22D. ADDRESS WILKENS & CATON DEGREEE ST AGNES HOSPITAL - BALTO MD 21229

.C.L. APRABRIEL

8 1 (° 5 1 1 d	
final disposition is made.	written approval must be obtained before the remains are embalmed or final disposition is made.
nce on the deceased prior to death. Such	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
death was in regular attendance on the	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
kind; (4) Undetermined cause; (5) Deceased	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the direct or contributing cause of death	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
sistant it death occurred in a nospiral and	This certificate must be approved by the chief medical examiner or his assistant it death occurred in a nospital and

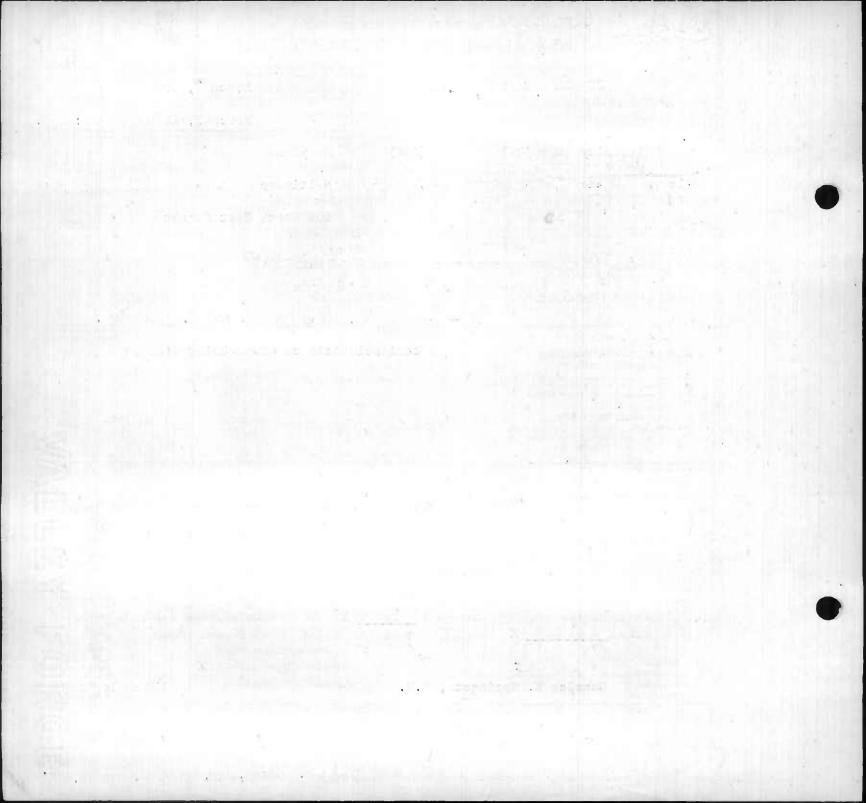
The state of the	-	2001	BALTIMORE CITY	HEALTH DEPARTMENT	1	00 0000		
STAMPS SAME	400	557 68-27	56 CERTIFICA	TE OF DEATH	REG. NO	68- 4/35		
FULL NAME OF ADDRESS OR LOCADONI ST AGNES HOSPITAL STA AGNES HOSPITAL STAGNES HOSPITAL STREET AND NUMBER 2.15 CHERRYDEL DRIVE WHITE WOOWED DIVORCED OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE WHITE OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE WHITE OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND STATEMENT OACH OF BUSINESS OR INDUSTRY IN MOONED DRIVE GRAND GRAND STATEMENT OACH OF BUSINESS OR CONDITION DIRECTLY LEADING TO DEATH HOW MAD AN ACCOUNT ON THE WHITE OACH OR IN MOONED DRIVE GRAND GRA	1. NA	ME OF DECEASED	2. DATE AND HOUR OF DEATH					
ADDRESS OR LOCATION ST AGNES HOSPITAL ST AGNES HOSPITAL L. STREET AND NUMBER 2.15 CHERRYDELL DRIVE STEMALE WHITE WIDOWED DIVOKED ON OKATED OF SIRTY O6/17/84 83 O6/17/84 83 O6/17/84 83 O6/17/84 83 O6/17/84 03. ACCIONTON INVERTINATION OF SUBSTRESS OR INDUSTRY 1). BIRTHAGE (Site or foreign country) GERMANY I.S. MOTHER'S MAIDEN NAME BERNARD STOLLENMAIER STANDING FOR THE STANDING FOR THE STOLLENMAIER STANDING FOR THE STANDING FOR THE STANDING FOR WHICH OPERATION (A) MANUFACTURE OF THE STANDING FOR WHICH OPERATION OF CONTRESION OF THE STANDING FOR WHICH OPERATION O	3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	itution: residence before odmission)		
215 CHERRYDELL DRIVE	HOSP	PITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	Baltimore INSIDE	e S CITY LIMITS?		
TEMALE WHITE 1. MARKED NEVER MARKED 10. DATE OF BIRTH 1. DATE	,/			E. STREET AND NUMBER				
TEMALE WHITE WIDOWED NORTH NAME WHO WAS DESCRIPTION OF SUSINESS OR INDUSTRY IN BIRTHACK (Sixte or foreign country) GER MANY U. S. A 12. CITIZEN OF WHAT COUNTE WE SPECIAL OCCUPATION (Give lind of went) (D.S. KIND OF BUSINESS OR INDUSTRY HOUSE WIS CONTROLLENMAIER BERNARD STOLLENMAIER BERNARD STOLLENMAIER SERNARD STOLLENMAIER SERNARD STOLLENMAIER WAT IE Brauer 14. MOTHER'S MADIEN NAME MATIE Brauer ADDRESS SECURITY NO. 2.17463 984 STAGNES RECORDS—WILKENS & CATON AVE CAUSE OF DEATH (This does not meen the mode of dying, e.g., hand floring, o.g., injury or complication which coused death). ANTECEDENT CAUSES DISEASE OR CONDITIONS, if only, giving rise to the above couse (A) solving the UNDERLYING CONDITION HELD (C). SOLVEY OF A CONSCOURNE OF AUGUST	4	V		215 CHERRYDELL DRIVE				
GERMANY U.S. A		EMALE WHITE			ast birthday	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
13. AATTERES NAME 14. MOTHER'S MAIDEN NAME Marie Brauer 15. Was Deceased Ever in U. S. Armod forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 15. J.	done d	during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		gn country)	U S A		
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21A. ACCIDENT WAS UNDERLYING DEATH (notily medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from MARCH 8, 19 68 and that in (my) (our) opinion death occurred on the do and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23D. ADDRESS CAROLYN PASS, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME of PROSSTRAR 25C. FUNERAL DIRECTOR ADDRESS AMDRESS Loudon Park Cemetery 25C. FUNERAL DIRECTOR ADDRESS	& D	PISEASE OR CONDITION GIVEN IN PART 1 (A).			20B. IF YES, WERE FII IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
OF INJURY (APPROX.) While At Work Not While At Work 22. I certify that (I) (this hospital) attended the deceased from MARCH 8, 19 68 ond that in (my) (our) opinion death occurred on the do ond hour and from the couses stated above. (I) (We) (dld) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Director Phys. 23C. PHYSICIAN'S NAME (Type) CAROLYN PASS, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 3-12-1968 Loudon Park Cemetery Baltimore, Maryland 25B. NAME of REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	0 2	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, larm, foctory, street, o		or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)		
thot (1) (we) lost saw the deceosed olive an MARCH 8., 19 68 ond that in (my) (our) opinion death occurred on the do ond hour and from the couses stated above. (1) (We) (dld) (did not) view the body ofter death. 23A. SIGNATURE Attending Med. Director Shaff Phys. 3-8-68 23C. PHYSICIAN'S NAME (Type) CAROLYN PASS, M.D. 23D. ADDRESS ST AGNES HOSPITAL—WILKENS & CATON AVERTAGE STAGN ST AGNES HOSPITAL—WILKENS & CATON AVERTAGE STAGN STA	30	F INJURY	While At Not While		JRY OCCUR?			
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Burial 3-12-1968 Loudon Park Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF BEGISTRAR 25C. FUNERAL DIRECTOR ADDRESS				MATORY 24D. LC	CATION (City	, town, or county) (Stote)		
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MAN 1000 GWORN - 1 True III MITTHER WAS TELE	25A.	MAR 11 1968 Poly E	MA OF BEGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		

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24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Baltimore National (emetery, 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 151-REV. 1/1/6B



24C. NAME of CEMETERY or CREMATORY

1011

25B. NAME OF REGISTRAR

8. James 13

Cemetery | 125C. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

Anne Arundel county

John A. Moran, Inc. 3000 E. Balto. St.

ADDRESS

(Stote)

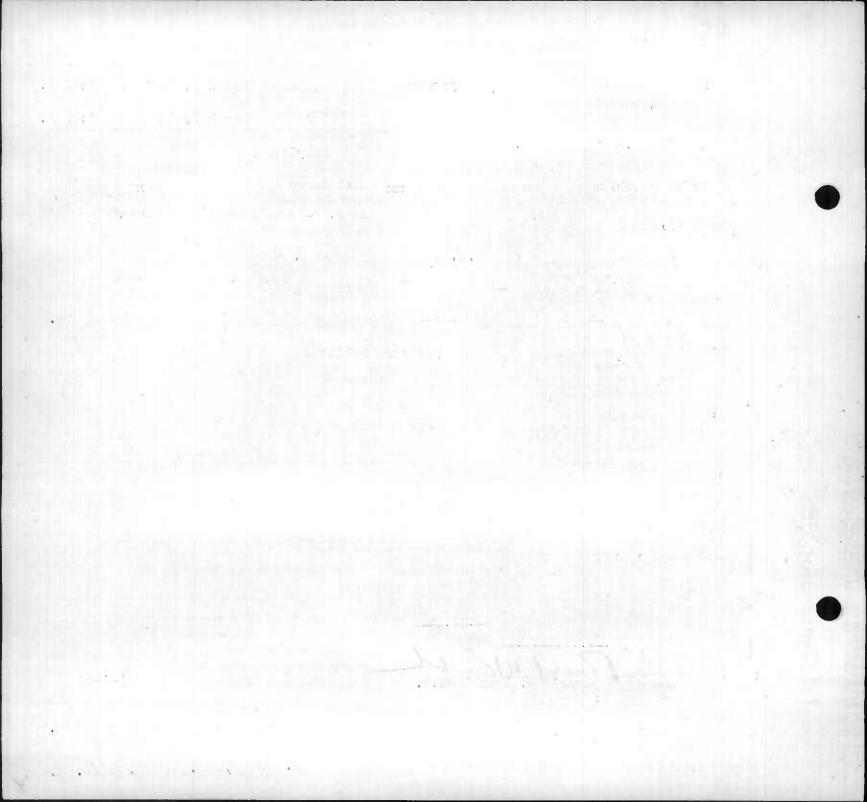
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REMOVAL (Specify)

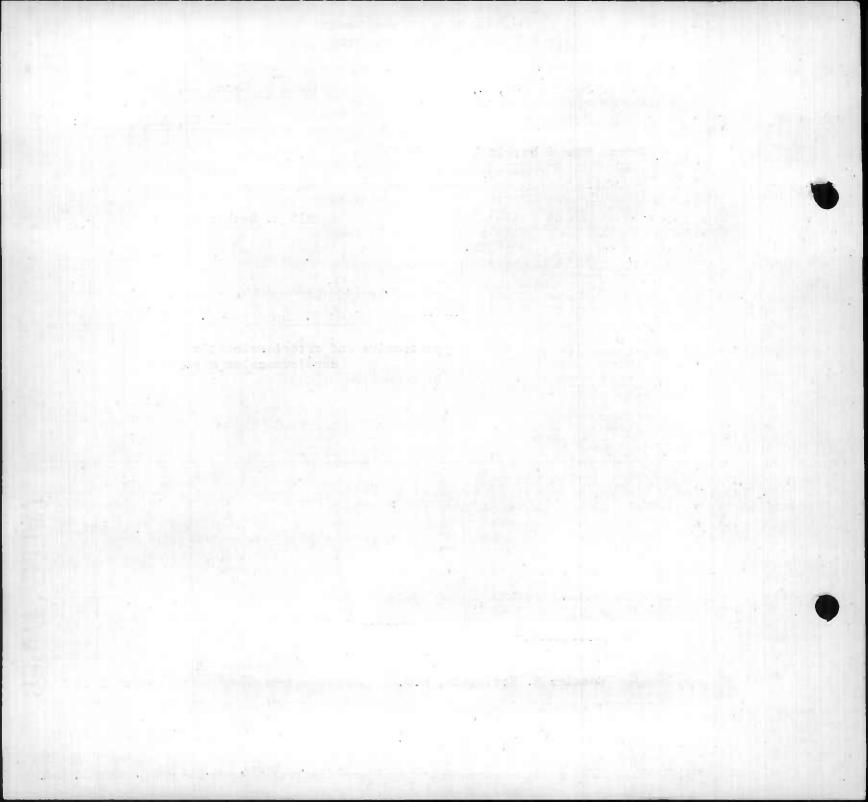
24A, BURIAL CREMATION.

Burial

24B. DATE

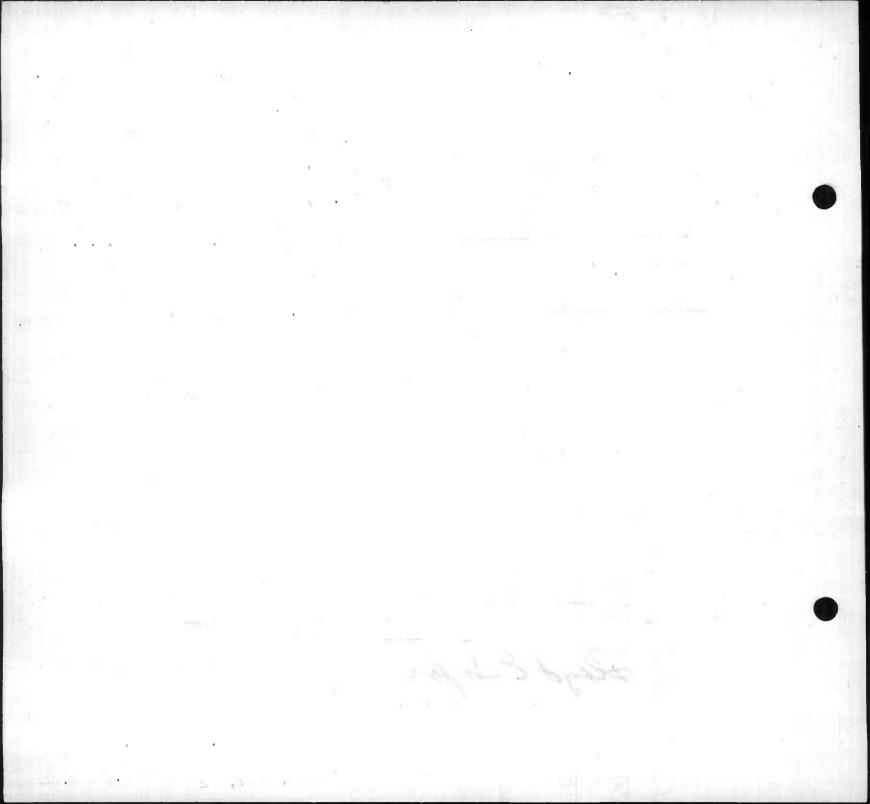


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1. NAME OF DECEASES (Type or Print)	JACOB	hn LANG	200		2. DATE OF DEATH	Known X	Month March	n 10, 196		Hour
4. PLACE IN BALTIMOR			RONOUNCE	D DEAD	3. DATE		Month	Doy		Hour M.
	(IF NOT IN HOSPIT ADDRESS OR LOCA		TITUTION, GIV	/E STREET		NCED DEAD		10, 196		5:40 AM
	ch Home &	k Hosp	ital	(DOA)	A. STATE	Maryla		B. COUNTY	Testaerice be	
6. SEX 7. RA	ce White	B. MARR	7	ER MARRIED	C. CITY OR	town Baltim	ore	D. INSIDE CIT	LA (201
9. DATE OF BIRTH	10. AGE (In years	If Under 1 Y	r. If Under 24 Hrs.	E. STREET A	ND NUMBER		12.		
12/28/'21	lost birthd	py)		rs Hours Min.			Decker	Street/	OVE.	17.
11. BIRTHPLACE (State of	toreign country)		12. CITIZEN	OUNTRY?	13. FATHER'	NAME				
Baltimore,	aryland	1	USA		Jacol	J. Lan	9			AIII
14A.USUAL OCCUPATIO done during most of working			OF BUSINE	SS OR INDUSTRY	15.º MOTHER	S WAIDEN NA	KWE			
1001 & Die 1	Maker	Beth	Lehem.	Steel (o.	Nells	e Duffy				
16. WAS DECEASED EV (Yes, no or unknown) (If yes			17. SC	CURITY NO.	1B. INFORM				DRESS	
No			275	-74-9/24	Hilda	y. Lan	2 112	N. Decke		
19. 4/21	2			CAUSE OF DEA	TH					ROXIMATE INTERVAL EN ONSET AND DEAT
DISEASE OR	CONDITION DIRI	ECTLY]	Hypertens	ive and	arterio	sclerot	cic		
	NG TO DEATH			(A)IMMEDIATE C	AUSE C	ardiovas	cular d	lisease		
(This does not med heart failure, asthe injury or complicati	nio, etc. It meons th	e diseose,			S A CONSEQ	UENCE OF:		Standard Control of the Control of t		1 m m m m m m m m m m m m m m m m m m m
DISEASES OR CO	/E CAUSE (A) STA	IY, GIVING ATING THE		(B)(C)	AS A CONSEG	QUENCE OF:				
OTHER SIGNIFICATION THE SIGNIFICATION THE DEATH BUDISEASE OR CONE	T CONDITIONS C	THE TERM	INAL							······································
20A. DATE OF OPER	ATION 20B. CC	NDITION	FOR WHICH	OPERATION W	S PERFORM	ED			21. AUTOP	SY? (Yes or No)
03									Y	es
22A. EXTERNAL COUNTRY OF UNDERLYING CAUSE CO	CONTRIB-		22B. PLACE home, form,	OF INJURY(e.g., foctory, street, office	in or obout 2: bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give exoc		
OF INJURY (Month		or) (Hou	r) 22E. NJ (URY OCCURRED	WHILE2	2F. HOW DID II	NJURY OCC	UR?		
(APPROX.)			m. WORK	AT W						
	ot I held on om: Natural ca Charles	3 J.	Acciden		ASSIS	ond that on micide C CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	Undetermi EXAMINER EXAMINER			DATE SIGNED
NAME (Type)	N, 24B. DATE		24C. NAM	AE of CEMETERY	or CREMATO	RY 24D	LOCATION		, or county)	(State)
REMOVAL (Specify) Burial	3/14/	1168	Oak	Lawn Cer	netenu	B	ultimo	Te. Manu	land	
25A. DATE REC'D BY HE	ALTH DEPT.	25B. 1	MAMP OF RE	GISTRAR	25€. F	UNERAL DIREC	TOR	AC AC	DRESS	
MAR 11 196	ALTH DEPT.	72.4	La Properties	**	Joh	n A. Moi	ran Inc	3000	E Bo	1to. St
VS 151-REV. 1/1/6B									0	

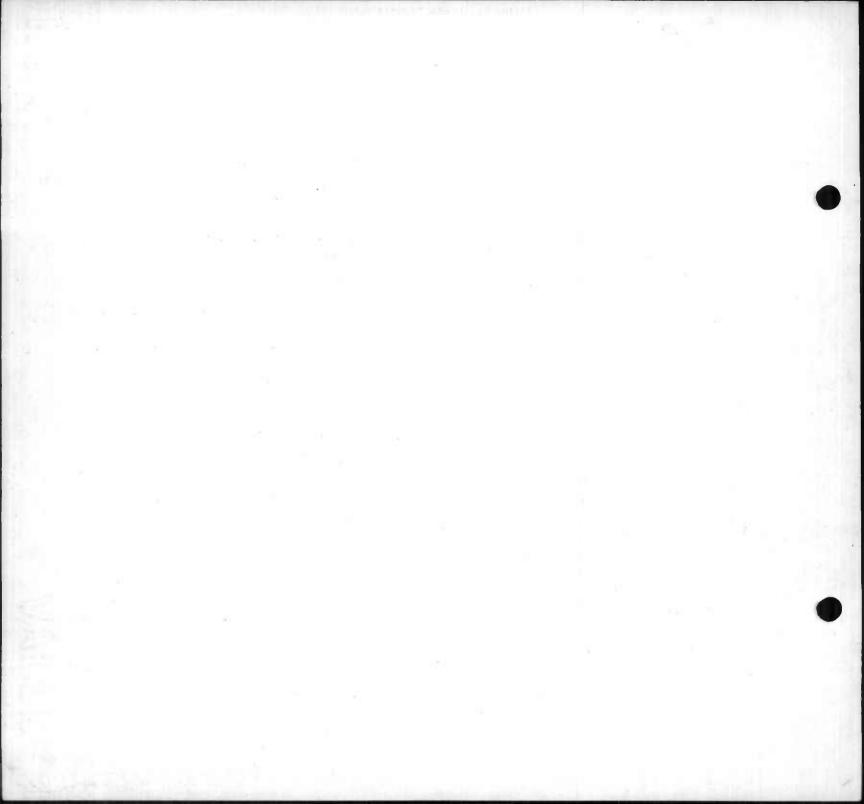


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	7/1/5	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2760			
(0-165 68-2	CERTIFICA	TE OF DEATH	REG. NO	00 2700			
	NAME OF DECEASED			D HOUR OF DEAT	H			
(Ту	pe or Print) Margaret (. O'Brie	n	Manah	10 1068	7 D M			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admission)			
		LATITUM AND ADDRESS OF THE PARTY OF THE PART	44 1 1	11	. 1			
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	Manyland C. CITY OR TOWN	In fN	SIDE CITY LIMITS				
IN	STITUTION				YES NO			
1			E. STREET AND NUMBER					
	Union Memorial	Hospital	522 E. 39th S	treet				
5. 5	MIAK	RIED NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
Fe	emale White WIDO	WED DIVORCED	Aug. 26, 1899	ost birthdoy	20/3			
	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?			
don	ne during most of working life, even if retired)		MVVVVVV	. 25	11 5 4			
13.	FATHER'S NAME	who don'to don'to don'to	14. MOTHER'S MAIDEN NAM	enna.	U. J. A.			
16	William C. O'Brien Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Margaret Ryc	ın	ADDRESS			
(Ye	s, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.						
-	The date date was going and going over the same and and over	none	Agnes 0. Buda	z 522 E.	39th Street			
	18.410.9 4250.9	CAUSE OF DEAT	Н		BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY			9				
	LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CAL	ISE Acute myoca Aconsequence of:	rgial in	- 10 min.			
	heart foilure, osthenio, etc. It means the dis-			n				
	injury or complication which coused death.)		riosclerotic	caralo-	7.0			
	ANTECEDENT CAUSES	ular disease	LO yrs.					
	DISEASES OR CONDITIONS, if ony, g				2			
	UNDERLYING CONDITION lost.	(c) Diab	etes mellitus	M	3 yrs.			
	420.1	· -	······································					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT							
			[004					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Not	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
ERT	21A ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i		/M :- D-IA:	City of the city o			
L C	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bidg., INJURY OCCUR?	(IT IN BOITIM	ore City, give exact location)			
ICAL	DEATH (notify medical examiner)	etc.)						
MEOI	OF INJURY (Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?				
>	(APPROX.)	While At Work Not While At Work	e 🗌					
	22. I certify that (I) (this hospital) attended the deceased from January 19 65 to March 10, 19 68,							
	that (1) (we) last sow the deceased olive on January 8, 19 68 and that in (my) (out) apinian death occurred on the date							
			view the hady ofter death.					
	and hour and from the couses stoted obave. (I) (We) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE							
	Lla 65		ending Med.	Staff Phys.	Mar. 11, 1968			
	23C. PHYSICIAN'S	DEGREE Phy	s. Director L. 23D. ADDRESS	Phys. U				
	NAME (Type) Lloyd E. Sa	- (/		unt Aveni	10			
	The state of the s	DEGREE						
24/	A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY of CR			City, town, or county) (State)			
	Burial 3/12/68	New Cathodas	1 Com	alto.	Md.			
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA	New Cathedra	SETTUNERAL DIRECTOR		ADDRESS			
	MAR 11 1968 Rest E.	Javou, M.	John A. Mon	7.1.	3000 E. Balto. St			
VE	150-PEV 1/1/68		0	73010				

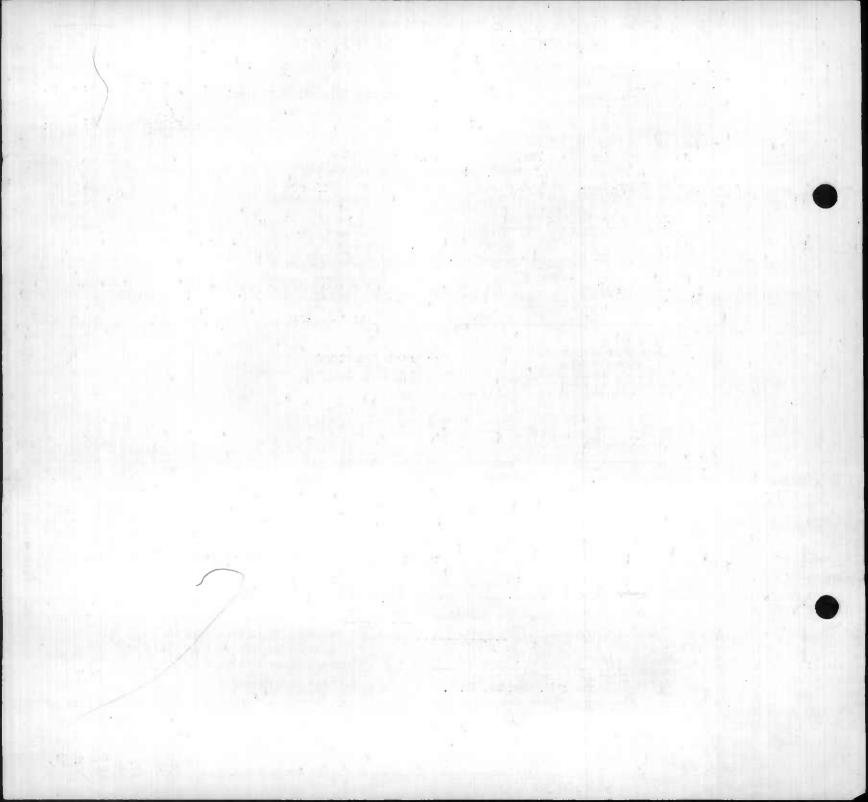


	-	7 7 7		HEALTH DEPARTMENT	()	0 0004		
	-	-306 68-27	61 CERTIFICA	TE OF DEATH	REG. NO.	8- 2761		
	1. N.	AME OF DECEASED			HOUR OF DEATH			
	(Тур	e or Print) SCOTT	EVA F	3-8	-68	11:40 PM.		
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNTY	deceased lived. If instituti	on: residence befare admission)		
	HO	LL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET		223	(00)		
7	INS	Lutheran Hosp of	Md. Inc.	Baltimore	D. INSIDE CI	NO		
4	- 6	Darretak 1100 p 07	77 01 - 70-	E. STREET AND NUMBER				
e d					dmondsor			
mad	5. S 1	EX 6. RACE 7. MARRI	ED NEVER MARRIED DIVORCED	7-23-00 los	AGE (In years If I Mor	Under 1 Yr. If Under 24 Hrs. Haurs Min.		
.5	toA.	USUAL OCCUPATION (Give kind of work 108, KIND			country) 12.	CITIZEN OF WHAT COUNTRY?		
disposition	done	during most of working life, even if retired)		Charleton Sipe	+ld-	USA		
051	13. F	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	- 1			
Isp		Charles & Park	e e	Kora F.	ack			
	IS. V (Yes,	Vas Deceased Ever in U. S. Armed Farces? ,no ar unknown) (If yes, give war ar dates af servic	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS		
final		w		Les Christope	· Scolt	Accus		
0		18.410.0 1	CAUSE OF DEATH	1	07/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Acute	Myocaardia	I Infarct	Ou 2 Hrs+		
balmed		(This daes not meen the mode of dying, e		SE / A CONSEQUENCE OF:	*			
		hearl failure, asthenia, etc. It means the disea injury or complication which coused death.)	se,					
e H		ANTECEDENT CAUSES	m Coro	nary Thro	mbosis	LHrst		
a l		DISEASES OR CONDITIONS, if ony, giv						
IS G		rise la lhe obave cause (A) stoling UNDERLYING CONDITION lost.	(c) Arter	ioscleratic	prov teni	upp 2 Yrst.		
remains		420.1	C-V	Disease	70			
e H		OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN						
ther	X	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes ar Na)	208. IF YES, WERE FINDI	NGS CONSIDERED		
e th	RTIFIC	WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?		
before	_	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, larm, factory, street, af etc.)		(If in Boltimare City	, give exact location)		
0	EDI	21D.TIME (Month) (Day) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?			
ain	8	(APPROX.)	While At Not While At Work					
þ		22. I certify that (M'(this hospital) attende	d the deceased from	3 - 8 19	6810	3-8 1948.		
pe o		that () (we) tast say the deceased alive a	n 3-8	19.68 ond that	in (my) (our) opinion	deoth occurred on the date		
		and hour and from the causes stated abave	. (Pr (We) (did) (did not) v					
must		23A. SIGNATURE				DATE SIGNED		
		16 Tuoz	Afte Phys	nding Med. Sh Director Ph	off lys.	3-8-68		
approval		23C. PHYSICIAN'S NAME (Type) R. J. Dureza	M.D.	clo Luther	an Hosp	of Md. Inc.		
dp	24A		NAME of CEMETERY OF CRE	MATORY 24D. LOC	ATION (City, to	wn, or county) (State)		
		Bushing 3-6-60	Charles Illes	The Cal Cal	enletonilla.	A Val		
written	25A		TE OF REGISTRAR	2SC FUNERAL DIRECTOR	11	ADDRESS		
3	M	1AR 11 1968 R.D. B 2. F	Inder, MA	El-7 0.6	16 hom 1 100	a Bunten has		
1	VS	ISO-REV, 1/1/68		U	Houdai 1	well and to		



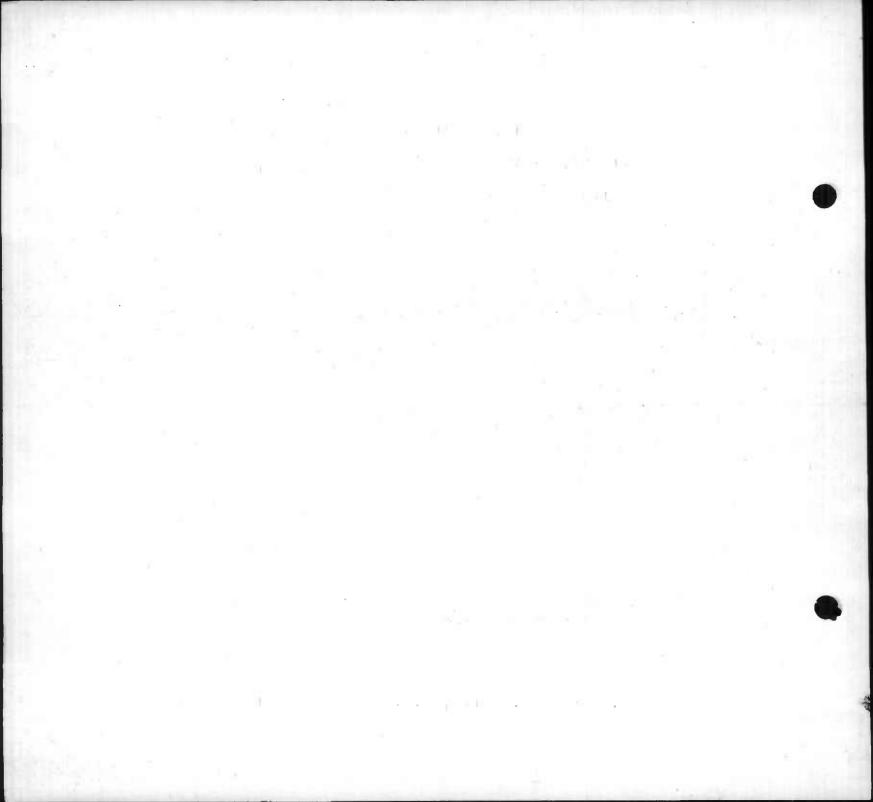
1-5/2 68- 2762 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO . NAME OF DECEASED DATE Month Day Year Hour (Type or Print) OF 4:00 A. M Estimoted March 3, 1968 THOMPSON CORETHA DEATH 3. DATE Dov Hour 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Month PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 4:00 A. M March 3, 1968 ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) OR INSTITUTION A. STATE B. COUNTY Maryland Johns Hopkins Hospital C. CITY OR TOWN D. INSIDE CITY LIMITS B. MARRIED X NEVER MARRIED WIDOWED DIVORCED ... YES X Baltimore female NO If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) Months, Doys, Hours, Min. 1909 Perlman Place 12. CITIZEN OF 13. FATHER'S NAME 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) No 16. WAS DECEASED EVEN IN U.S. ARMED FORCES? 18. INFORMANT ADDRESS 17. SOCIAL (Yes, no or unknown) (If yes, give var or dotes of service) SECURITY NO. APPROXIMATE INTERVAL CAUSE OF DEATH SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Subdural Hematoma LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: **ANTECEDENT CAUSES** DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. E 904.5 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) Yes 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 1900 Block of Perlman Place street UTING CAUSE OF DEATH. OF INJURY (Month) (Doy) 4HOW 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) Manch 10, 1968 AT WORK Allegedly fell m. WORK I certify that I held on Inquiry Inspection Autopsy X ond that an this bosis, death in my opinion Accident Homicide ___ resulted from: Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE_ 3/5/68 ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** tz, M.D. Werner U. Sp NAME (Type) 24C. NAME of CEMETERY or CREMAJORY 24A, BURIAL CREMATION. 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ADDRESS 25A. DATE REC'D BY HEALTH DEPT NAME OF REGISTRAR 25C FUNERAL DIRECTOR

VS 151-REV. 1/1/68 N 8 5 2.0



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT
H-400 68- 2763 CERTIFICATE OF DEATH REG. NO. 68- 2763
1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Type or Print) JAMES HALL Munt 8, 1968 105 30 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) C. CITY OR TOWN D. INSIDE CHYLIMISS
THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY TEST NO
601 NORTH BROADWAY
BALTIMORE, MARYLAND 21205 3759 KESWICK ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
MALE WHITE WIDOWED DIVORCED 7/17/13 54 YRS 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)
Pharmacist PHARMACY Calvert Co, Md. U.S. H.
13. FATHER'S NAME
Chables L, Hall Lstelle Sowen 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
Ves Navy (34-37) 097-10-4024 1/000h/ 1/1/1/1/1/ //INCE / RECIENT R. 1941
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A) IMMEDIATE LASSI CASHILL CHIPMENT " Shing
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplicotion which coused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:
rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)
420.1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION SCONTRIBUTING OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT CONDITIONS
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obot-12+C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Etc.) 21B. PLACE OF INJURY (e.g., in or obot-12+C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
210-TIME (Month) (Doy) (Yeo) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work
22. I certify that (I) (this haspital) attended the deceased from Mullify 1968 to Merch 8 1968
that (1) (we) last saw the decased alive an
and haur and fram the causes stated abave. (1) (We) (did nat) view the bady after death.
23A. SIGNATURE
Attending Med. State 3/8/68
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
DR. RONALD E. SMITH, M.D. JOHNS HOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or county) (State)
Burial Max, 11.1968 askury Cenetery Baratow Colvert Co. md.
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR
MAR 16 1308 Of Calley Ris Of Harkness & Son Port Equitie Ma
VS 150-REV. 1/1/68

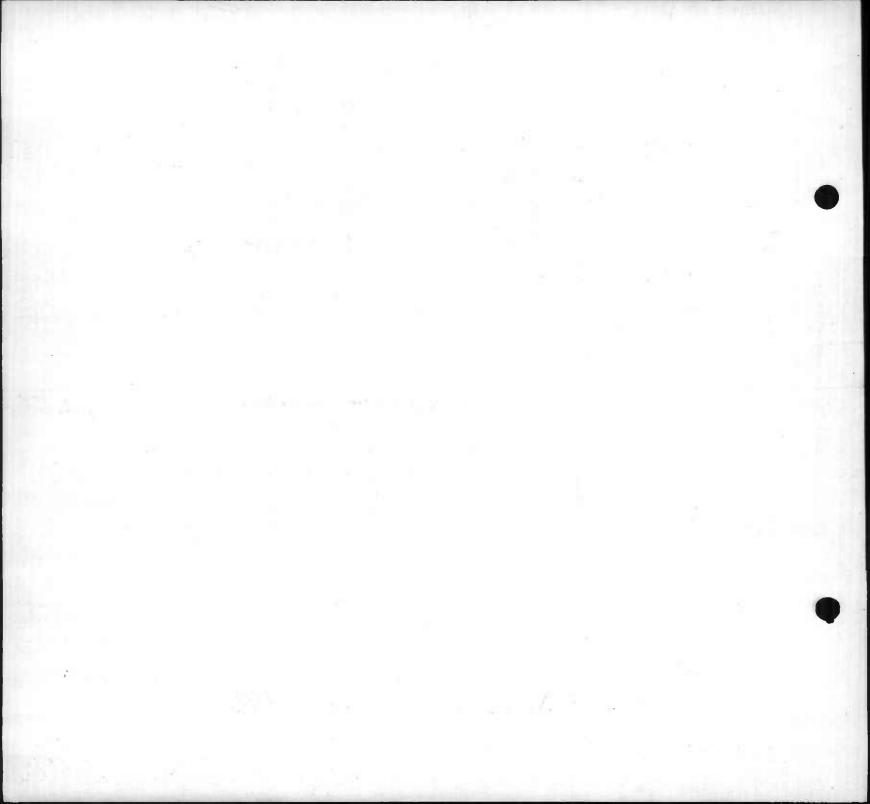


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certificate must be approved by

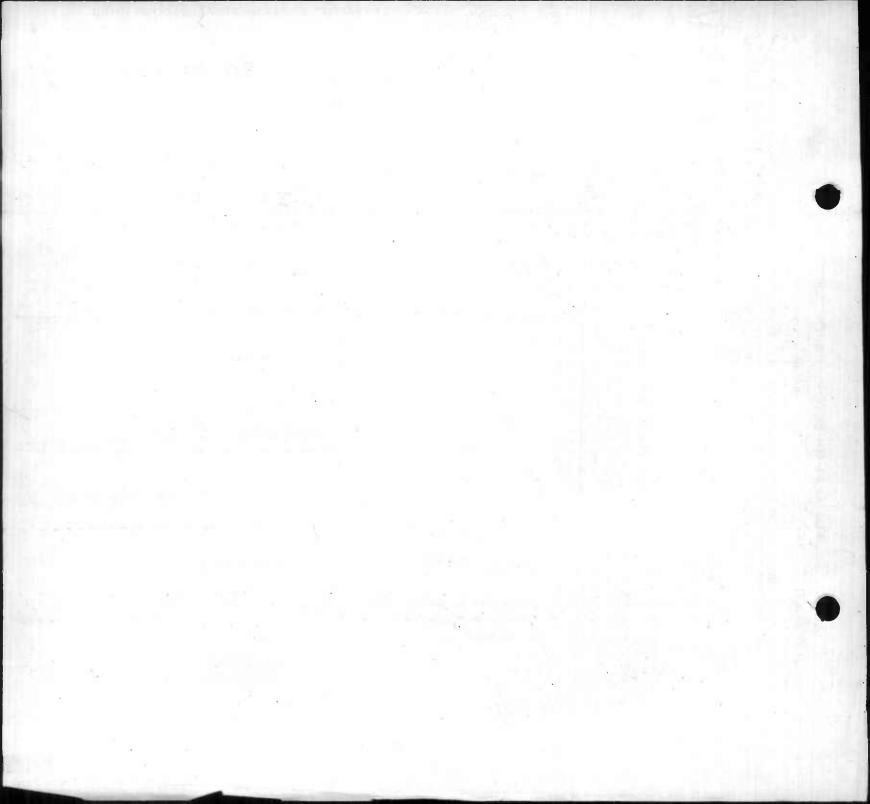
hospital

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH (5) Deceased death I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) LO death. of 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STALE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) CITY OR TOWN D. INJOE CITY etermined cause; 9 YES X NO prior E. STREET AND NUMBER contributing disposition is made regular 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. 6. RACE 7. MARRIED NEVER MARRIED deceased lost birthday Months! Doys Hours WID OWED X IOA, USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (4) Und Was 33. PATHER'S NAME the 14. MOTHER'S MAIDEN NAME LOUIS HODDS 15. Wos Deceosed Ever in U. S. Armed Forces death OP ind; ADDRESS 6. SOCIAL final (Yes, no or Inknown) (If yes, give wor or doles of service) SECURITY NO. attendance any 1B. pronounced 0 3 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Imed LEADING TO DEATH (A) IMMEDIATE CAUS fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF gular 0 heart failure, asthenia, etc. It means the disease, emb injury at camplication which caused death.) ANTECEDENT CAUSES who 10 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving lhe 3 above couse (A) sloting the = physician UNDERLYING CONDITION last. before the remains Was 332 X П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED (5) 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital MEDICAL å DEATH (notify medical examiner) any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased from 11. that (I) (we) last saw the deceased olive an... and that in (my) (our) apinian death accurred an the date be hospital eath) must and haur ond from the causes stated above. (1) (We) (did) (did nat) view the bady after death. SIGNATURE ਰ Attending [Med. 0 Director approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS prior at An 22 2 d GEGREE 24C. NAME of CEMETERY of CREMATORY shows: (1) 24A. BURIAL CREMATION. (City, town, or county) (Stote) eceased the body REMOVAL (Specify) was D.O. 250. JUNERAL DIRECTOR VS 150-REV. 1/1/68

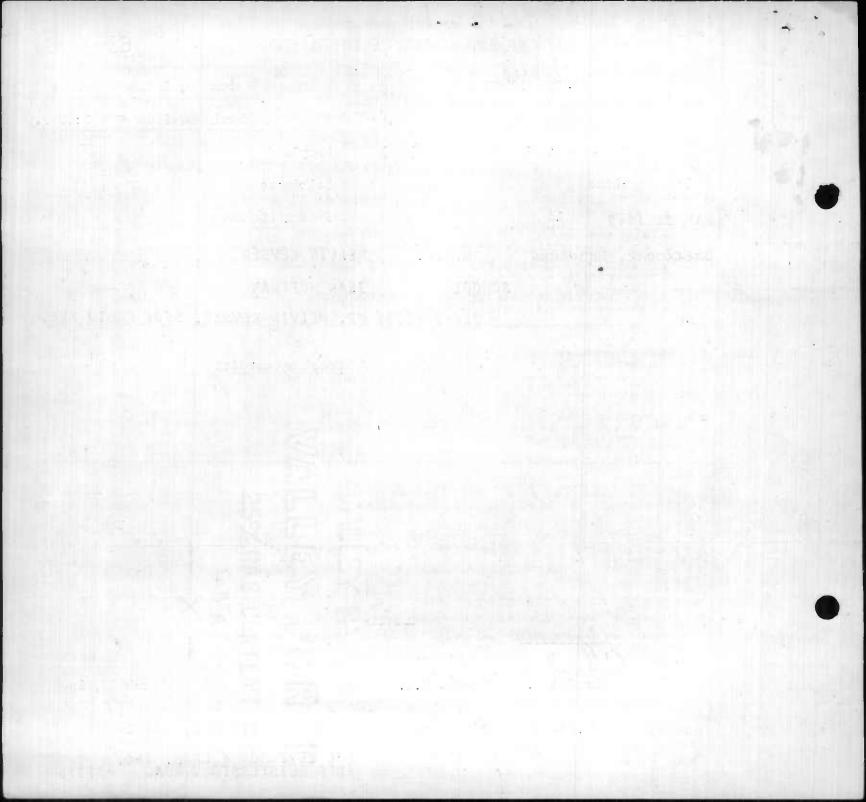


BALTIMORE CITY HEALTH DEPARTMENT REG. NO ERTIFICATE OF DEATH (5) Deceased Such death 1. NAME OF DECEASED 2. DATE AND HOUR OF (Type or Print) 0 hospital 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before pomission)
A. STATE 8. COUNTY death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance D cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? (4) Undetermined cause; 0 0 NO YES 2 prior contributing disposition is made. regular 5. SEX 8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under Hours 6. RACE 7. MARRIED NEVER MARRIED deceased lost birthdoy) WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) or CHAUT

13. FATHER'S NAME Weber Moving Was the 14. MOTHER'S MAIDEN NAME direct assistant 00 death kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance No. any pronounced 18. CAUSE OF DEATH BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, asthenia, etc. II means the disease, gular examiner. injury or complication which caused death.) em ANTECEDENT CAUSES who re 4 obtained before the remains are DUE TO, OR AS, A CONSEQUENCE DISEASES OR CONDITIONS, il ony, giving 3 Ihe obove couse (A) stating the = physician UNDERLYING CONDITION lost, Was 81.0 H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body the chief 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED where the ō WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Soltimore City, give exact location OR CONTRIBUTING CAUSE OF ŝ to the hospital MEDICAL DEATH (notify medical examined etc.) any nature; 9 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED certificate must be approved (except Not While While At (APPROX.) eath); and Work At Work 22. I certify that (I) (this haspital) attended the deceased from... 19 68 that (I) (we) lost saw the deceased alive on...and that in (my) (our) opinion death occurred on the date be of hospital ond hour ond from the couses stoted above. (1) (Wey (did) (did not) view the bady ofter deoth. was released must accident 23A. SIGNATURE 23 B. DATE SIGNED 0 Aftending [Staff 0 Phys. approval DEGREE ata 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS shows: (1) An d DEGREE 24A. BURIAL CREMATION, deceased 24C. NAME of CEMETERY OF CREMATORY LOCATION (City, town, or county) D.0. the body REMOVAL (Specify) 3-11-1968 Moreland written Cemetery Was 25A. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR VS 150-REV. 1/1/6B

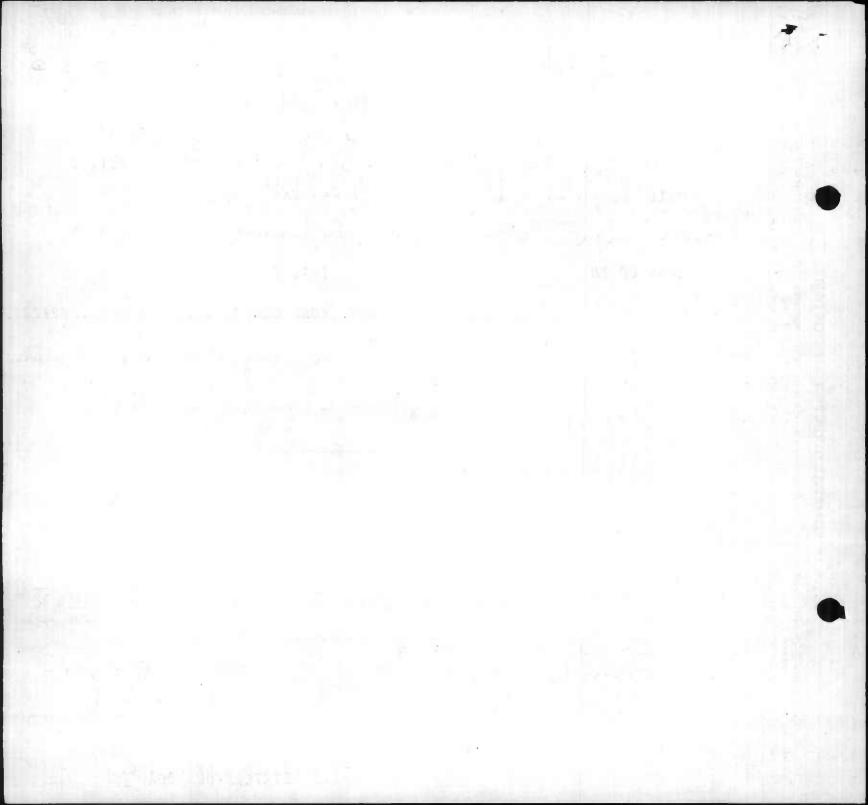


BETWEEN ONSET AND DEATH (APPROX.) AT WORK WORK 23. I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinian resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Charles S. Springate, M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER March 10, 1968 NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) 3-11-68 BALTIMORE, MARYLAND BURIAL OHEB SHALOM 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR **ADDRESS** 1968 Robert SOL LEVINSON & BROS. INC. STERSTOWN ROAD VS 151-REV. 1/1/68



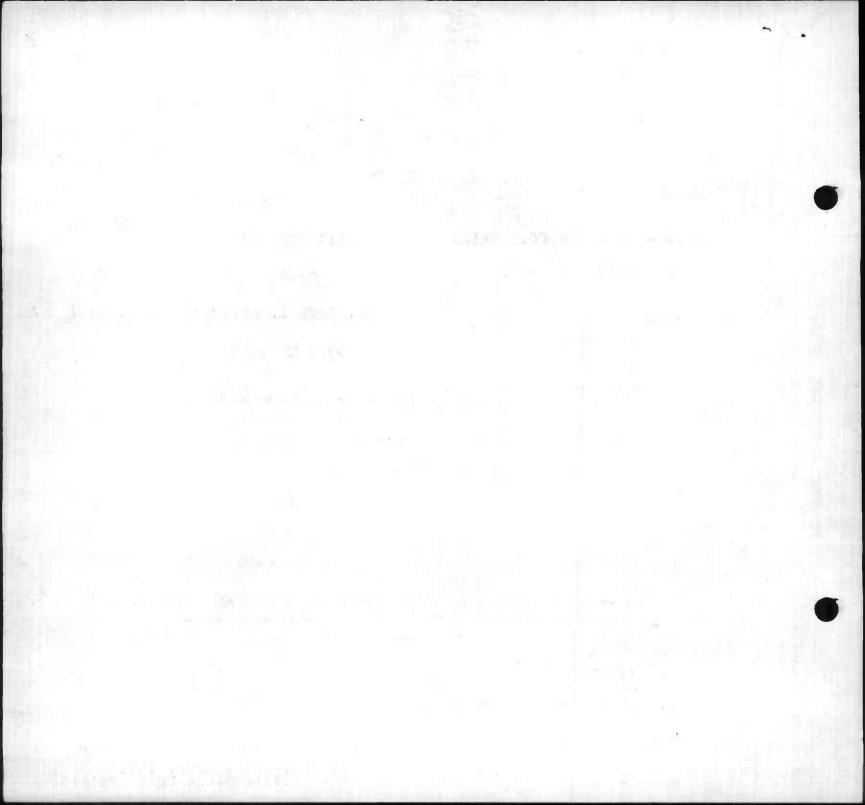
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	-	7 4-60 00 00	BALTIMORE CITY	HEALTH DEPARTMENT	68- 2767			
		2-500 68-27	CERTIFICA	TE OF DEATH REGINO.	00 2707			
		H NO. AME OF DECEASED		2. DATE AND HOUR OF DEATH				
		o or Print) JACK ON ON		3-7-68	9:15 D.			
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)			
				A. STATE B. COUNTY	52200			
	HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	CCITY OR TOWN D. IN.	SIDE CITY LIMITS?			
	INS	NOITUTION	\	Batimore	YES NO			
	16		. \ \	E. STREET AND NUMBER				
1	10	DWAI HOS). tal	3617 Kolor FC - #21207				
	5. S!	MALLE /	7 = = =	B. DATE OF BIRTH 911 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	164	USUAL OCCUPATION (Give kind of work 108, KINE		7	12. CITIZEN OF WHAT COUNTRY?			
		during most of working life, even if retired)	11.11	RIL	:26:0			
	1	wek driver DA	. W. tetras Till	Dalt more USTS.				
	13. 1	FATHER'S NAME	V	14. MOTHER'S MAIDEN NAME				
	H	IERMAN COHEN		IDA. ?				
	15. V (Yes	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown)(If yes, give wor or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
		NO	SECORITI NO.	MRS. ROSE COHEN. 3617	KELOX RD. #21207			
		1R.	CAUSE OF DEAT		APPROXIMATE INTERVAL			
		DISEASE OR CONDITION DIRECTLY		0 1	BETWEEN ONSET AND DEATH			
		LEADING TO DEATH (A) IMMEDIATE CAUSE (land o respiratory failure) I months						
		(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It meons the disease,						
		injury ar camplication which coused death.)	0					
5		ANTECEDENT CAUSES	(B) M	on clumplacy ic	Lucenia			
		DISEASES OR CONDITIONS, if ony, give	3	A CONSEQUENCE OF				
2		rise to the above cause (A) stoling UNDERLYING CONDITION last.	(C)					
5		204.0 II						
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION						
	AT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?			
D	ERT	21A. ACCIDENT WAS UNDERLYING	210 BLACE OF INITIBY	n or about 21 C WHERE DID	Charles Aller			
		OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	ore City, give exact location)			
3	ō	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
	5	OF INJURY (APPROX.)	While At Not While Work At Work		£			
3		22. I certify that (I) (this haspital) attende		-6-68, 1068 to 3	19.8			
5		that (I) (we) last saw the deceased alive	2 1 -		pinian death accurred an the date			
2					man death accorded an the date			
2	1 1	and haur and fram the causes stated abov	e. (I) (we) (ala) tala nat) v	lew the bady after death.	23B. DATE SIGNED			
		5 . 1 3	Atte	nding Med. Staff	DO 3-7-18			
5		23C. PHYSICIAN'S	M A Phy	s. Director Phys.	NO 3 / 2			
		NAME (Type)	4 10 10 11	S. ADDRESS	2,70			
sam le Daven Morgree ona, 4058 The								
3	24A	BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	Gity, town, or county) (State)			
D	1	3-10-68	BNAI JACOB	BAITTMORF	MARVAIDN			
	25A	. DATE REC'D BY HEALTH DEPT. 258. NA/	ME OF REGISTRAR	BALTIMORE, 25C. FUNERAL DIRECTOR SOL LEVINSON & BROS.	TAIC			
3		MAR 12 1968 Real E.	TOLORGY	SOL LEVINSON & BROS	ROAD.			
,	VE Y	150-REV. 1/1/6R						

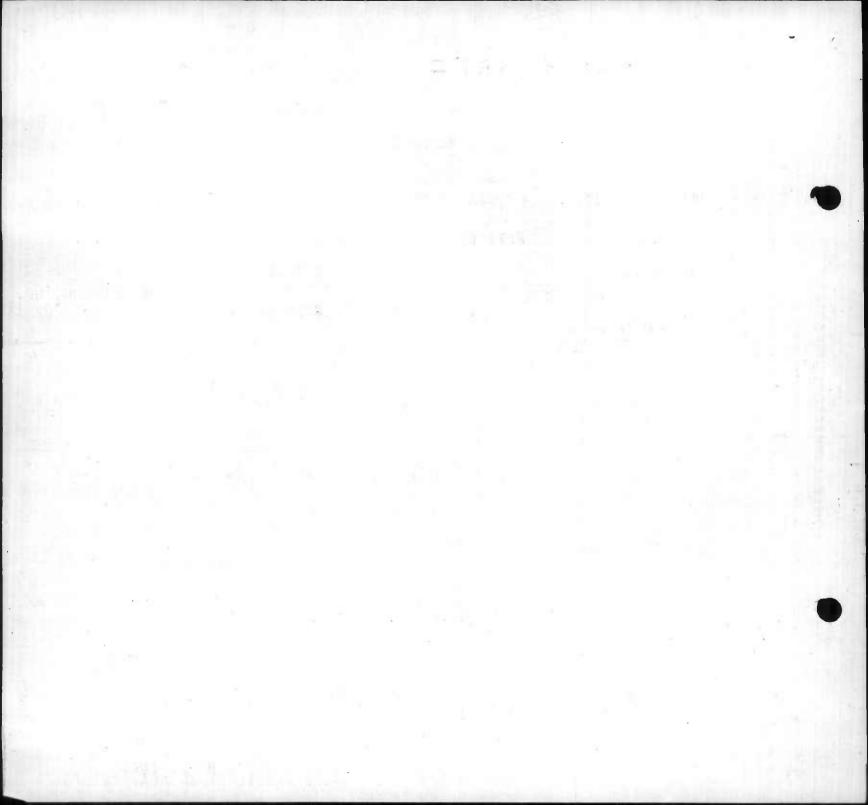


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased; was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1		BALTIMORE CITY	HEALTH DEPARTMENT		68- 2768		
BIRTH N	-150 68-2°	768 CERTIFICA	TE OF DEATH	REG. NO	00 2100		
Type or	Print) TosephHLev.	in	_ /	D HOUR OF DEATH	720 PM		
3. PLAC	CE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		institution: residence before admission)		
HOSPIT	NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Mary land	Ballimor			
INSTITU	JTION	1 & Baltimore	Ba /timore	D. IN:	YES NO		
40	Sinai Hospita		E. STREET AND NUMBER	Ford	Lane, APT. TD		
5. SEX	ale White MAR	RIED NEVER MARRIED DIVORCED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	UAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
NAT	IONAL BREWING CO.	SALES	BALTIMORE M	ARYLAND	V · 3. //.		
13. FATI	HER'S NAME		14. MOTHER'S MAIDEN NAM	ΑĒ			
	ACOB LEVIN		ANNA	?			
15. Was (Yes, no	Deceased Ever in U. S. Armed Forces? or unknown) (II yes, give war ar dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
			MR. JACK L. L	EVIN. 2819	CHESWOLDE ROAD		
1B.	412.0	CAUSE OF DEAT	н	,	BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 481						
	nis does not mean the mode of dying,		A CONSEQUENCE OF:	1111011011	eccenna 10 ms		
	ort foilure, osthenio, etc. It means the dis ury or complication which caused death.)		,	(, , , (
	ANTECEDENT CAUSES	100 Hypen	Knsive Arteriosci	leratic heart	derasi		
	SEASES OR CONDITIONS, if ony,	iving DUE TO, OR AS	A CONSEQUENCE OF:				
	e to the obove couse (A) stating	The (c) Uhe	emic		57175-14		
	443X II	(9,					
NO OTH	HER SIGNIFICANT CONDITIONS CONTRIBUT						
A DIS	THE DEATH BUT NOT RELATED TO THE TERM EASE OR CONDITION GIVEN IN PART 1 (A).		120 A ALIEO DOVO W No.	000 15 450	THE PLANT CONCINCTOR		
CERTIFICATION STORY OF STORY O	DATE OF OPERATION 198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes) or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OR	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, larm, loctary, street, o etc.)	n or about 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If in Baltima	ore City, give exoct location)		
210	TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
5 0	PPROX.)	e 🔲					
22.	22. I certify that (17 (this haspital) attended the deceased fram Feb 21 19 68 to March 19 68,						
	that (1) (was) last saw the deceased alive an March 10 19 68 and that In (my) (over) apinlan death accurred an the date						
and	d haur and fram the causes stated aba	ve. (1) (We) (did) (did not) v					
23A	SIGNATURE -			238, DATE SIGNED			
	Benjamin arka	Atter	nding Med. Director	Staff Phys.	March 10, 1968		
23 C	Benjamin ArThur	Kropsky M.D.	Siani Ho	spital of	Baltimore		
	JRIAL CREMATION, 24B. DATE 2 EMOVAL (Specily)	4C. NAME of CEMETERY OF CR	EMATORY 24D. Le	OCATION (City, town, or county) (State)		
	URIAL 3-12-68	BALTIMORE HEB	RF(II)	AITTUARE	NADVIAUD.		
	ATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ALTIMORE,	MARYLAND		
M	AR 12 1968 R. C. A. E.	Failberna .	SOL LEVINSON	N & BROS.	INC.		
VS 150-	-REV. 1/1/6B			The state of the s	UNU "21213		

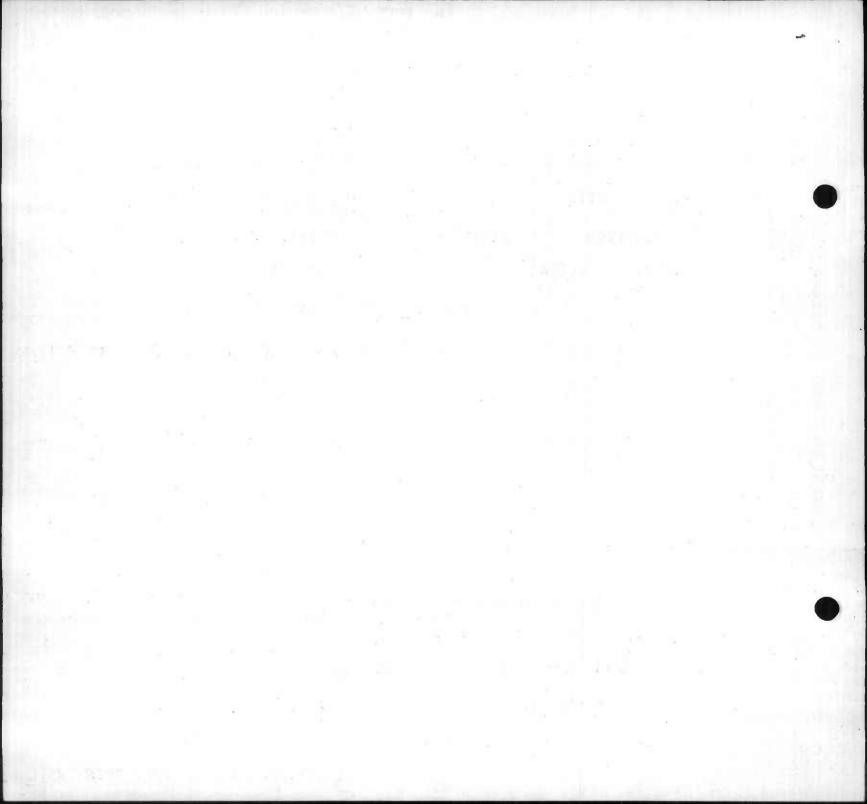


11	1/		HEALTH DEPARTMENT	68	2769
	K-320 68-27	69 CERTIFICA	TE OF DEATH	REG. NO.	
1	RTH NO.				
11.1	PE OF DECEASED		2. DATE AND HE	/ / -	155 2
II.	KOSS H K	ATZ	3/9	/ - 0	6. P.M.
	PLACE IN BALTIMORE, MARYLANO, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	eosed lived. I metitution: r	residence before admission)
FU HO IN	ILL NAME OF (IF NOT IN HOSPITAL OR INS DSPITAL OR ADDRESS OR LOCATION) STITUTION	TITUTION, GIVE STREET	C. CITY OR TOWN	INSIDE CITY L	IMITS?
1	OUSE IN THE PINES. BEL	UEDEDE UNUE	BALTIMORE	YES	NO 🗌
	Juse in the Pines, bel	VEDERE HOME	E. STREET AND NUMBER	SLER AVENUE	
5.	SEX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9. AC	BE (In years If Unde	er 1 Yr., If Under 24 Hrs.
1	MALE WHITE WIDOW		APRIL2, 1898	69	Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KIND the during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	ountry) 12. CITI	IZEN OF WHAT COUNTRY?
doi		7000	BUSCIA		1. S. A.
13.	GROCER RET	IRED	RUSSIA 14. MOTHER'S MAIDEN NAME		L. D. A.
				0	
16	BEN KATZ Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	ESTHER 17. INFORMANT	?	ADDRESS
	(If yes, give wor or dotes of services)		- Harokmani	SILVER	SPRING, MD.
	NO	212-32-9160		KATZ. 914	BRENTWOOD LA
	18.410.9 4250.9	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DIRECTLY		in 1-0	· 0 +	11
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE My orardial in	Jan hom	T hours
	(This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disease		A CONSEQUENCE OF:		100000
	injury or complication which caused death.)	n +	- 0 1 11 +	· /	1
	ANTECEDENT CAUSES	(a) Ul le	1 corden hi # ear!	Husean	10 years
	DISEASES OR CONDITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		J
	rise to the obove cause (A) stoling UNDERLYING CONDITION lost.				
	UNDERETING CONDITION 10SI.	(C)			
z	420. II	is DIF	mellitus, Perish	1 0 1	4
TION	TO THE DEATH BUT NOT RELATED TO THE TERMIN	AL Dune	mellins, eyr	un varantes del	all un un
N O	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 201	B. IF YES, WERE FINDINGS CERTIFYING CAUSES OF	S CONSIDERED
ERTIFI	WAS PERFORMED	_	IN	CERTIFYING CAUSES OF	♥ EATH?
180	121A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltimare City, giv	ve exoct location)
1	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, or	ffice bldg., INJURY OCCUR?		
U		OLC INCLINA O COLLEGE	21 F. HOW DID INJURY	A C C 182	
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While At Not While		OCCUR:	
<	(APPROX)	Work At Work	40	. 199	0
	22. I certify that (1) Ithis hospital) attende	d the deceased from	go territor 19 6	7 10 Man	1968
	that (1) (we) lost saw the deceosed alive of	4/4 1/ 04	19 68 ond that in	(our) opinion dec	ath occurred on the date
	and hour and from the causes stated Pove	1			1
	23A. SIGNATURE	(I) (we (did) (did not) (new the body offer deom.	ina DA	TE SIGNED
	The Durch of O	Atte	ending Med. Staff	n 3	D110
	Our very / Le	DEGREE Phy	s. Director L Phys	. 🗆	1/108
	PASSICIAN'S NAME (TYPE)	244	114 Medica	1 aut 1	Saltimie My
24		OEGREE	EMATORY 24D. LOCA	TION (City, town,	or county) (Stote)
	REMOVAL (Specify)				
0.5	BURIAL 3-11-68	WORKMENS CIRC		IMORE, MARYL	ADDRESS
25	A. DATE REC'D BY HEALTH, DEPT.	TE OF REGISTRAR	SOL LEVINSON	& BROS. INC.	ADDKE33
	MAIL AN 1300 OFORD		6010 REISTE	RSTOWN ROAD	#21215
	150-PFV 1/1/6B				



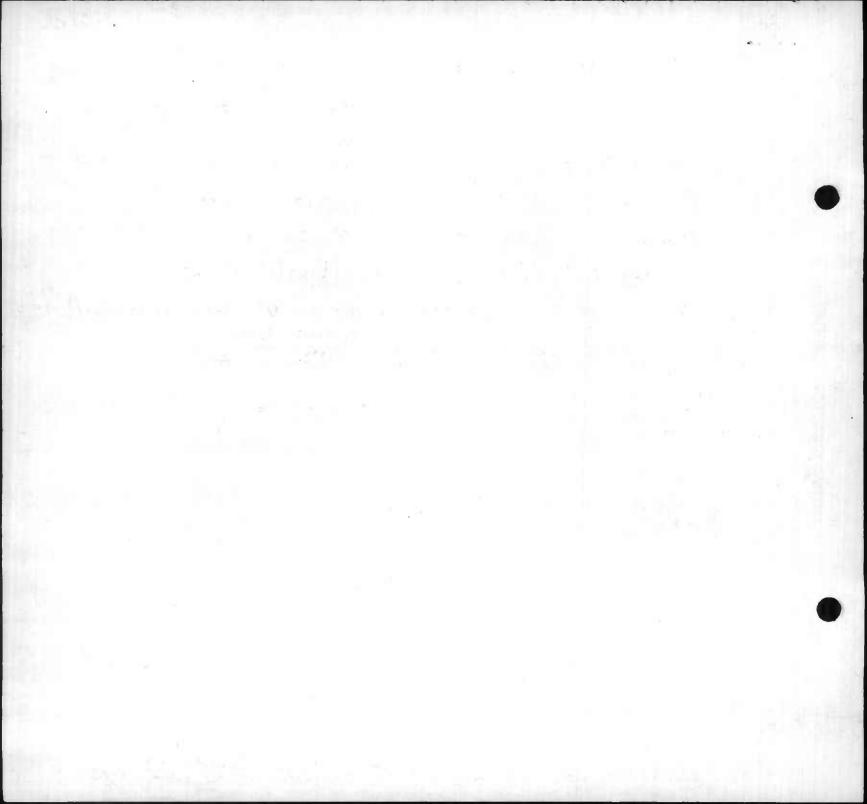
	1	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	1	was D.O.A. at a hospital (except where the physician who pronounced death was in regular arrendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	BALTIMORE CITY	HEALTH DEPARTMENT	68- 2770
K-253 68-	2770 CERTIFICA	TE OF DEATH REG. NO.	00 2110
1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	тн
(Type or Print) ABRAHAM	T. ROSENTHAL	MARCH 9,196	8 10:45 A M
3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	MRYLAND	1-20
HOSPITAL OR ADDRESS OR LOCATE	ION)	C. CITY OR TOWN	NSIDE CITY LIMITS?
HOUSE IN TH	IF PINES	BALTIMORE	YES X NO
	URSING HOME	3106 Parkington Aven	ue
5. SEX 6. RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours Min.
MALE WHITE	WIDOWED X DIVORCED	NOV. 18.1893 74	
10A. USUAL OCCUPATION (Give kind of work]	B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY
done during most of working tite, even if retired)	CLOTHING	DUTIA DA	USA
PRODUCTION 13. FATHER'S NAME	CLOTHING	PHILA. PA.	usa
MORRIS ROSENTHAL		ESTHER PERLMAN	
MUKKIS KUSENLINEL 15. Was Deceased Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
(Yes, na or unknown) (If yes, give wor or dates	of service) SECURITY NO.		
	214-03-0622	LOUIS R. ROSENTHAL 38	
18.4.37.9	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	1 2 2 6 12	7 16 2 4 2.5.
LEADING TO DEATH	(A)IMMEDIATE CAL		Hows & 2 years
heart failure, asthenia, etc. It meons I	he diseose,	A CONSEQUENCE OF:	
injury or complication which caused d	eath.)		
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if an	,. 3 3	A CONSEQUENCE OF:	
rise to the obave cause (A) s	(C)		
	() 0,000,000,000,000,000		
Z	TRIBUTING		
OTHER SEGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART			
19A. DATE OF OPERATION 19B. COND	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WEI	RE FINDINGS CONSIDERED
E ()		No	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, factory, street, o etc.)	in or about 21C, WHERE DID (If in Baltin ffice bldg., INJURY OCCUR?	mare City, give exact lacatlan)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S (APPROX.)	While At Not Whi		
	Wark At Work		1068
22. I certify that (I) (this haspital)	10	, 6	19
that (1) (we) last sow the deceased	olive on 3	19 68 ond that in (my) (our) o	opinion deoth accurred an the date
and haur ond fram the causes state	d above. (1) (%) (da) (did nat)	view the bady after death.	
23A. SIGNATURE	_		23 B. DATE SIGNED
Sol Smi	DEGREE Phy	ending Med. Staff Phys.	3/9/68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	
NAME (Type)	·u	1261 E. BELVEDERE A	VENUE
SOL SMIT	24C. NAME of CEMETERY OF CR		(City, town, ar caunty) (State)
REMOVAL (Specify)			
BURILA 3/11/6			
25A. DATE RECORD THE 12 1968	Loub E Farkuna	25C. FUNERAL DIRECTOR	ADDRESS
= 5 1500	word c. Name, mil	SOL LEVINSON & BROS	6010 REISTERSTOWN
VS 150-REV. 1/1/6B			RD.

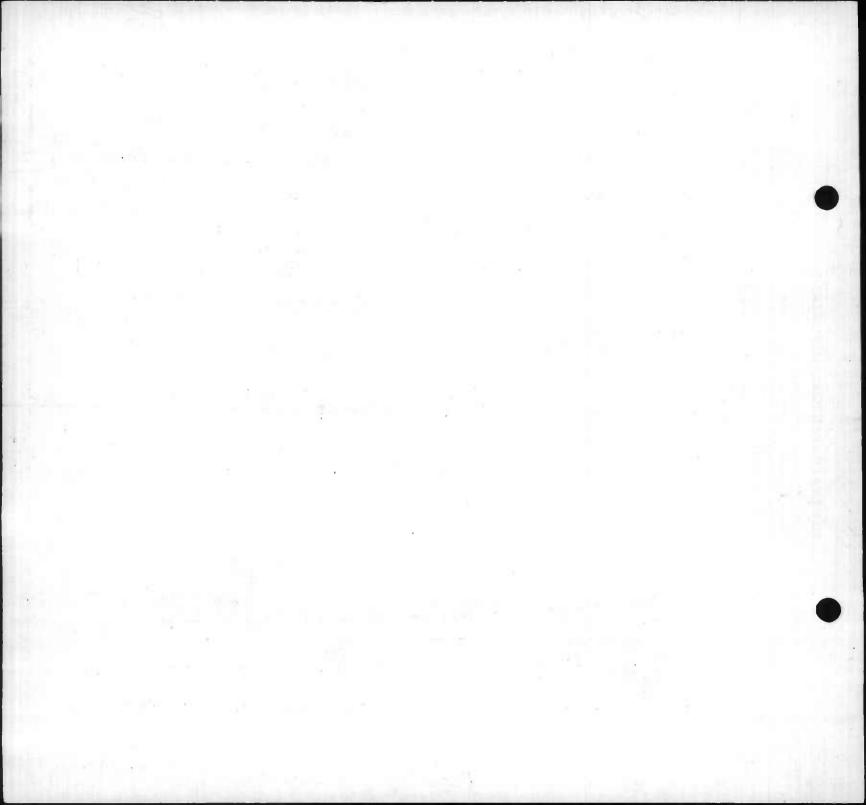


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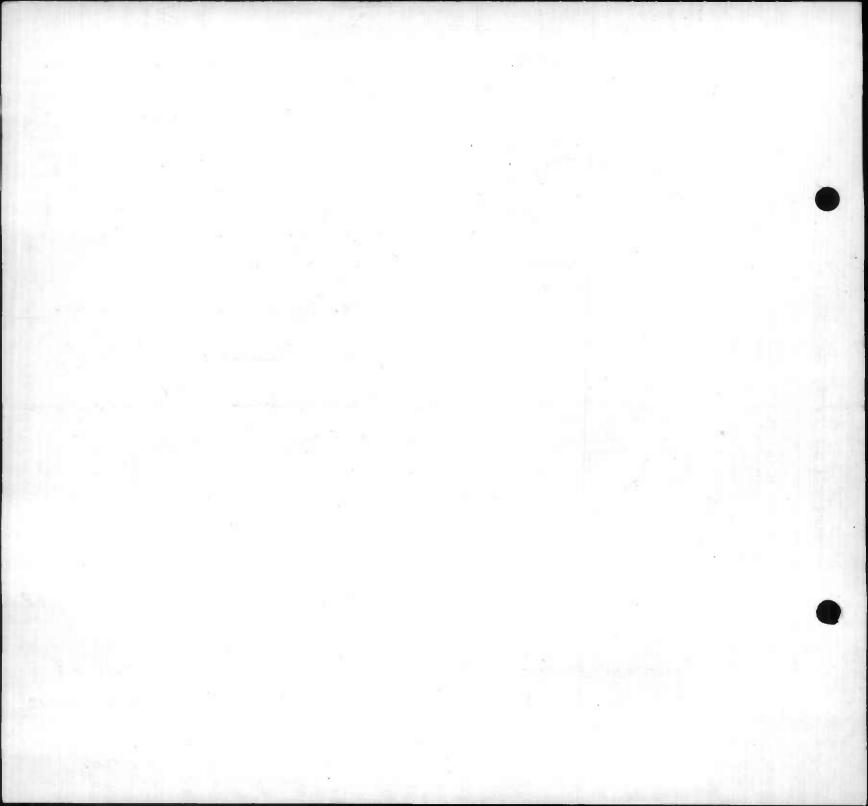
	d = 00 0r	BALTIMORE CITY	HEALTH DEPARTMENT		CO 2774		
	G-655 68-27	CERTIFICA	TE OF DEATH	REG. NO	OOFICIAL		
1	Type of Pint		2, DATE AND	HOUR OF DEATH	1 7		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRE	SNOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, If institu	ution: residence before odmission)		
	FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	HOSPITAL OR ADDRESS OR LOCATION)			city Limits?		
	38		E. STREET AND NUMBER	Y	ES NO NO		
	university Hospital	Z	RT. 1 Box	182-B	21/08		
	The same of the sa	NED NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy) N	f Under 1 Yr. If Under 24 Hrs.		
	10A, USUAL OCCUPATION (Give kind of work 10 B, KINI		11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?		
	House Clare Community	n Home	13 a LTIM = R &	mo	USA		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E (A			
		lek2	MyRTIE	ADMans	ADDRESS		
	[15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	- 1	17. INFORMANT	-	ADDRESS PAME		
	No None	217-36-3675 CAUSE OF DEAT		German	(Husband) 95# 4		
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	ALTERNATION DANGERY	distribe.	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	(A) IMMEDIAJE CAL	ISE MOODING	WHAT TO BE	L		
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	g.:::::::::::::::::::::::::::			
	injury or complication which coused death.)		4)				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	(B) 10 J	A CONSEQUENCE OF:	itemites +	preceuia		
	rise to the obove cause (A) stating	The					
	UNDERLYING CONDITION last.	(C)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED		
1	194 Date of OPERATION 198. CONDITION F WAS PERFORMED.	1 -1	Yes	IN CERTIFYING CAUSE	S OF DEATH?		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore C	ity, give exoct location)		
	21D-TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
	(APPROX)	While At Not While Work At Work		,			
	22. I certify that (I) (this baspital) attend	ed the deceased fram	125/68	9 10 3/10	1968		
	that (I) (we) last sow the deceased alive	on 3/9/68	19and tha	t in (my) (our) apinia	n death accurred on the date		
	and hour and from the causes stated abov	e. (1) (We) (did) (did nat) v	view the body after death.				
	23A. SIGNATURE	Atte	anding [] Med [] S	23	B. DATE SIGNED		
	flog D-Manuel	Lloy D. Manual, M.D. DEGREE Phys. Director Phys. Stoff					
	23 C. PHYSICIAN'S NAME (Type)	/	23D. ADDRESS	ospital			
	24A. BURIAL CREMATION, 124B. DATE 124	C. NAME of CEMETERY OF CR	,,,		town, or county) (State)		
	REMOVAL (Specify)			2 17	h4 d		
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	MOOD LAWN C	25C. FUNERAL DIRECTOR	o allimore	ADDRESS		
		tarbey ma	Singheton	Luneral H	ome Chen Barnie		
	VS 150-REV. 1/1/68						



1		1 . 10 . —	Y HEALTH DEPARTMENT PEG NO 68- 2772
76705		3-425 68- 2772 CERTIFICA	ATE OF DEATH
of death Of death Deceased e on the 1th. Such	1. N	AME OF DECEASED Gordon	2. DATE AND HOUR OF DEATH
de de cea		Pe or Print) ROGER G. GLASSMYER	MARCH 8, 1968 M.
	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
se (5) de	FU	LL NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARVLAND
cau cau use; tendo	IN:	3115 LAWNVIEW AVE	C. CITY OR TOWN D. INSIDE CITY LIMITS TO NO TO
in i		BALTIMORE, MD.	E. STREET AND NUMBER 3115 LAWNVIEW AVE BALTO. MD.
uting ed car ar att prior de.	0		
ntribu rmine egulo ased s mac	5. 5	M WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years tost birthdoy) 12/23/1911 9. AGE (In years tost birthdoy) 56 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
The contract of the contract o		NUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' to during most of working life, even if retired)	
or nde de de	II -	Salesman Mayfield Music Shop	
was was pos	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Blanche Goodling
lire h h		Clarence S. Glassmyer	
ind ind eat	(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (Iff yes, give wor or dates of service)	SANDRA HANN - DAUGHTER
SS +	_	312-07-7717 CAUSE OF DEA'	Thelma Criswell Glassmyer, wife, above
is a any any and or		411 0 4 230.7	BETWEEN ONSET AND DEATH
Also e of nour atte		(A) IMMEDIATE CA	
DO - B		heort foilure, ostherio, etc. It means the disease,	A CONSEQUENCE OF:
iner ract pr		ANTECEDENT CAUSES HYPER	TENSIVE CVD 24yer.
A fred		(B)	S A CONSEQUENCE OF:
(3) (3) in v		rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	
icia ns; icia ain		420.1 11	0
edi bur hys	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL) IA BE	TES MELLITUS 20YRS
dy dy cia	ICA	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED
chi Bo Bo th th	ERTIFIC	WAS PERFORMED	// O IN CERTIFYING CAUSES OF DEATH?
the alb (2) nere oph	AL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
d by spit ture twre twre 6) N	MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
9 6 9 9 5	2	(APPROX.) While At Work At Work	
Sexxet		22. I certify that (I) (this hospital) attended the deceased fram	19 49 to MARCH 8 1968,
0 0 0		that (1) (we) last saw the deceased alive an MACCH	19 6 and that in (my) (eus) aplnian death accurred an the date
t be a sed to ant of pital eath) ust b		and haur and from the causes stated abave. (1) (We) (did) (did nat)	
ust eas ide hos p de		23A. SIGNATURE	rending Med. Shaff Shaff 3/9/68
E O O O O		23C. PHYSICIAN'S	23D. ADDRESS
		DR. MELVIN POLEK	3603 BELAIR ROAD. BALTO, MD.
W W W d b	24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
body was ws: (1) An D.O.A. at eased pric		Burial 3/12/68 Baltimore Cem	etery Baltimore, Md.
This certif the body shows: (1) was D.O. deceased	25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR SCHIMUNEK Funeral Home, Inc.
ませる 多点 多		150.884 1/4 MAR 12 1968 R. Carb E. Farley MA	3331 Brehms Lane
	A 2	130°KC V. 1/1/00	

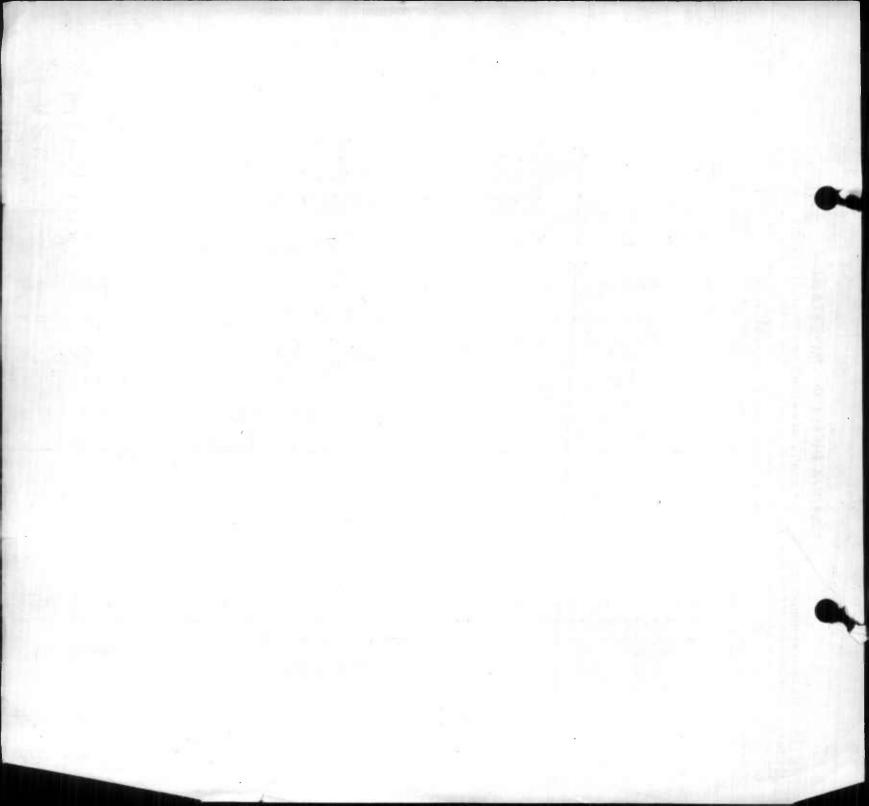


	AME OF DECE e or Print)	EDITH !	ROCK		March	10,		9:15
3. 1	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE	DENCE (Where	deceased liv		on: residence before
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TO	Md. WN timore		D. INSIDE CI	
		2729 E. Ma	disonSt.,	E. STREET AND			AE2	NO NO
()()	Baltimore,	Md. 21205		9 E. Ma	dison	St.	
S. S	emale	6.RACE White	7. MARRIED NEVER MARRIED WIDOWED XX DIVORCED	B. DATE OF BIR	lo lo	AGE (In years)	ors If U Mon	Under 1 Yr. If Unnths Doys Hours
			108, KIND OF BUSINESS OR INDUSTRI				12.	CITIZEN OF WHAT
don	during most of w	rorking life, even if retired)	at home	Balt:	imore,	Md.		
13.	ATHER'S NAM			14. MOTHER'S				
		James Tuck	er	I.	Mary Bo	hanan		
15. Yes	Nos Oeceosed , no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	rces? es of service) 16. SOCIAL SECURITY NO. 220-95-7065	17. INFORMAN		A M.	aier d	ADDRESS bht,abov
	heart foilure, injury or comp A DISEASES Orise to the	ot mean the mode of asthenia, etc. It means plication which caused NTECEDENT CAUSES R CONDITIONS, if abave couse (A) CONDITION last.	deoth.) (B) Corefica any, giving DUE TO, OR A	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	coeleros		1	several y
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0	DISEASES Orise to the UN DERLYING OTHER SIGNIFIC DISEASE OR CO	asthenia, etc. It means plication which caused INTECEDENT CAUSES R CONDITIONS, if abave couse (A) CONDITION last. II CANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION OF AND TO THE CONDITION OF THE CONDITION OF THE CAUSE TO THE CONDITION OF THE CAUSE TO THE CONDITION OF THE CAUSE TO THE CAUSE THE CAUSE TO THE CAUSE THE CA	any, giving DUE TO, OR A Stating the (C)	S arferings a consequent	ce of:	208, IF YES,	1	NGS CONSIDERED
AL CERTIFICATIO	DISEASES OF THE PROPERTY OF THE PROPERTY OF THE DEATH DISEASE OF THE DISEASE OF T	asthenia, etc. It means plication which caused interest CAUSES R CONDITIONS, if abave couse (A) CONDITION last. II CANT CONDITIONS CONDITION TO THE CONDITION OF THE CONDITION OF THE CONDITION OPERATION 1798. CONDITION 17988. CONDITION 1	any, giving DUE TO, OR A Stating the (C)	S A CONSEQUENT	SY? (Yes or No)	208, IF YES,	WERE FINDIN	NGS CONSIDERED
CAL CERTIFICATIO	DISEASES OF THE BEAT OF THE DEATH OF CONTRIBUTED AT THE CONTRIBUTED AT	asthenia, etc. It means plication which caused interest of the cause of the caused interest of the cause of the	any, giving DUE TO, OR A Slating the (C)	20A. AUTOP	SY? (Yes or No)	20B, IF YES, IN CERTIFYI	WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
AL CERTIFICATIO	DISEASES OF THE STATE OF CONTRIBU	asthenia, etc. It means plication which caused interest to the cause (A) and a conditions (A) and a condition last. CANT CONDITION S COMBINED TO THE CONDITION OF THE CONDITION	any, giving DUE TO, OR A Slating the (C)	20A. AUTOP 20A. AUTOP 20A. AUTOP 21F. H	SY? (Yes or No)	20B, IF YES, IN CERTIFYI	WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
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MEDICAL CERTIFICATIO	DISEASES Orise to the UNDERLYING 3 3 / X OTHER SIGNIFITOTIVE DEATH TO THE DEATH DISEASE OR CO 19 A. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and how and 23 A SIGNA U	asthenia, etc. It means plication which caused interest to the caused interest to the caused interest to the caused interest to the cause (A) CONDITION (A) (A) CONDITION (B) (A) CONDITION (B)	any, giving slating the (C)	20A. AUTOP 20A. AUTOP 20A. AUTOP 21F. H 21	SY? (Yes or No) WHERE DID Y OCCUR? OW DID INJU SS. and that after death. Med. Spirector P Burna 24D. LO	20B. IF YES, IN CERTIFY! (If in RY OCCUR? t in (my) (a) Shaff CATION	WERE FINDING CAUSES Boltimore City, 9 20 20 20 20 20 20 20 20 20 20 20 20 20	DATE SIGNED Manch (6) Month, or county)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

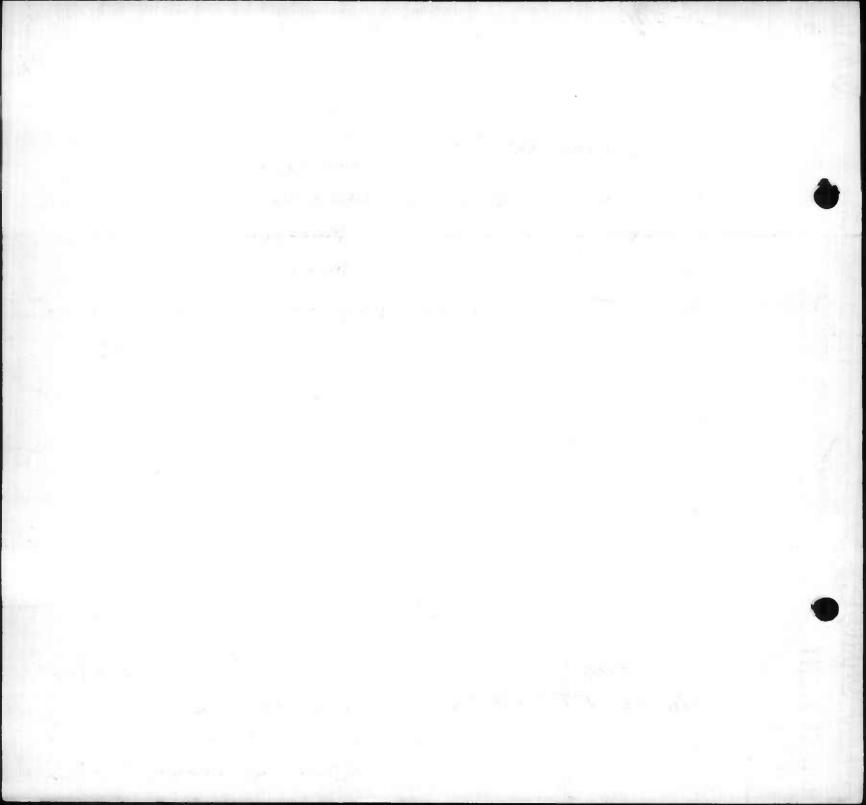
1/ -2 4	BALTIMORE CIT	Y HEALTH DEPARTMENT		68- 2774
K-520 68-2	774 CERTIFICA	TE OF DEATH	REG. NO	00 2/14
DIKITI 140.	V V Z CERTITION			
(Type or Print)	12 3	2. DATE AN	D HOUR OF DEATH	H 10A. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (WISE A. STATE B. COUN	re deceased lived. If	institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
		E. STREET AND NUMBER		YES NO
60 900 S. Carey ST		900 S. En	crey St	If Under 1 Yr. If Under 24 Hrs.
male white wido	RIED NEVER MARRIED DIVORCED DIVORCED	11/30/1900	9. AGI (In years last forthday)	Manths Days! Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTR	Y 11. FIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
Electrical mantenduce B	+ O. R. R.	ma-		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	7	
Manfield King		mary 1	oomey	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war or sales of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1.0	ADDRESS
710	/	mary)	ing	inter c
18.4199	CAUSE OF DEA	TH	d	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		and a	, Deart des	
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CA	OJE CO D. POPULO	, New 18 9/21	wel 1925.
heori foilure, osthenia, etc. Il means the dis injuty of complication which caused death.)		S A CONSEQUENCE OF:		
ANTECEDENT CAUSES				
	(B)	S A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, grise to the obove cause (A) sloting		3 A CONSEQUENCE OF		
UNDERLYING CONDITION last.	(c)			
z 420:0 II				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No	N 208 IE VEC WEB	E FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		On o		AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., home, form, factary, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltim	are City, give exact lacotian)
21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Wh			
22. I certify that (I) (this hospital) attended			1959 to 776	uch 9 1968
that (1) (we) last saw the deceased alive	on March 4			pinion deoth occurred on the date
			ioi iii(iiiy) (331) o	prinon decin decined on the date
ond haur and fram the causes stoted oba	ve. (I) (We) (did) (and not)	view the body offer death.		23B. DATE SIGNED
March 1 has	In my At	tending 🔽 Med. 🔲	Staff	3-11-68
Herry sischred	OEGREE Ph	ys. Director	Phys.	3-11-00
23C. PHYSICIAN'S NAME (Type)	1-0 2.4	23D. ADDRESS	he &	OL RON 110
MORRIS D. SCHRE	DEGRE	E 1 1 912 1 1000	inesi J	J. Marson Mill.
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY of C	REMATORY 24D. L	OCATION	City, town, ar caunty) (State)
Burial 3/12/68	Allen Haves	V Com. 1	stopul ?	twel
	ME OF REGISTRAR	25C. FUNERAL DIRECTO	Ph	000
MAR 12 1968 Res 2.	tarbey MA	John J- Cours	an & Son To	C
VS 150-REV. 1/1/6B		7 - 1		



	BALTIMORE CITY HEALTH DEPARTMENT 68- 2775
	K-155 68- 2775 CERTIFICATE OF DEATH
	NAME OF DECEASED (ype or Print) C HERLES KRUEMAN 3/8/68 17:45 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where discosed lived. If institution: residence before admission) A, STATE B, COUNTY
II H	CULL NAME OF ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
,	UNION MEMORIAL HOSP. 3114 Ellerstie avenue
5.	SEX 6. RACE 7. MADDIED NEVED MADDIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
1	MIDOWED DIVORCED 08/19/04 lost birthdoy 63 Months Doys Hours Min. OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	and Make x Candy Company MARYLAND USA
13	3. FATHER'S NAME
15	JOHN KAVEMAN GERTRUDE UNKNOWN. 5. WOS Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Y	(es, no or unknown) (If yes, give war or dates of service) SECURITY NO. 217-01-1035 MRS. EDITH KAUFMAN BUENVE
	18. 4 / 2 9 1 CAUSE OF DEATH APPROXIMATE INTERVAL BETTYPEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY SUB a NOCHOID HEMORRAGE 3 DAYS
	(This does not mean the mode of dying, e.g., heart foilure, astheria, etc. It means the disease,
	injury or complication which caused deeth.) ANTECEDENT CAUSES AS C V D
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) stating the UNDERLYING CONDITION last. (C)
	422 / 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
1	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If In Boltimore City, give exact location) injury occur? 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID injury occur? 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID injury occur.) 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID injury occur.)
3 7	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	Work At Work
	22. I certify that (1) (this hospital) attended the deceased from hach y 1968 to march 8 1968, that (1) (we) lost sow the deceased alive on march 8 1968 and that in (my) (our) opinion death occurred on the date
	and hour and from the causes stated above. (1) We did (did not) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 24B. DATE SIGNED
	OEGREE Phys. Director Phys. S/8/87
	ENRIQUE CIPRIANI MODERLE 33 THE JUNION MEMORIAL HOSPILIAL
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. UNERAL DIRECTOR. ADDRESS
	MAR 12 1968 P. D. A E. FalleyMA Thelp & (vach 1211 Chosaes Her.

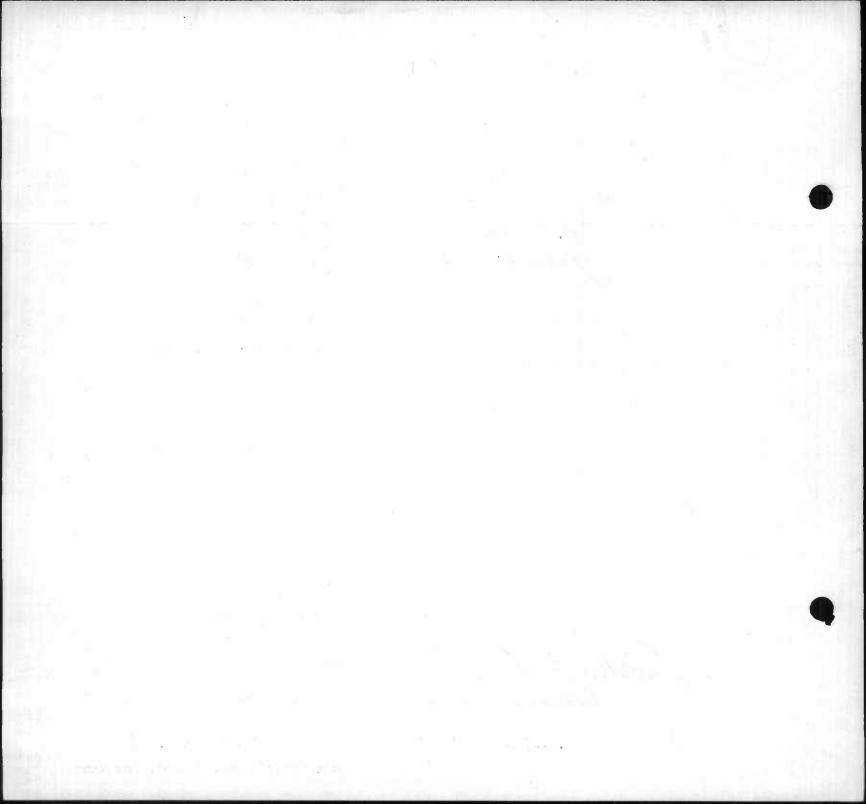
market the things to the think the think 10/11/20 STURTAGE SERTANTS MAY FOITH MALEMA I THE SHARE THE PROPERTY OF THE BILLE SM march & be march ! 00 X 3/8/2 X Dit the to the on mine of the

	2-1100	BALTIMORE CITY	HEALTH DEPARTMENT		58- 2776
	HNO. 400 68- 2776	CERTIFICA	TE OF DEATH	Registered No.	
Typ	AME OF DECEASED BLAG CEC	17	4	5/8/68	12:46 PL
3. P	LACE OF DEATH IN BALTIMORE/MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If institu TY	tion: residence before admission)
-	ULL NAME OF (If not in hospital or institution, given the control of the control	e street	C. CITY OR TOWN (III outs	side city limits, write RUR	AL and give township)
4	12 SINAI HOSE	MAL	D. STREET ADDRESS III III	urol, give location)	2-02
5. S	WIDOWED,	EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	Ost birthdoy) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY		gn country) 1:	2. CITIZEN OF WHAT COUNTRY?
	CLERY		MARYLAI	N.D	usa
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	SULONON		MINNIE		
5. Yes	Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			MRS ANNA SO	SLIN 5923B	WESTERN PACK
	18.43601	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	0	0 . 0	0 0 4	
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) DUE TO	sio variable	Wiedlit	38 hour
	heart failure, asthenia, etc. It means the disease,	11	^ -		
	ANTECEDENT CAUSES	(B) Ag	pertenson		
	DISEASES OR CONDITIONS, if any, giving	DOE 10	0		
	rise Ia the abave cause (A) stating the UNDERLYING CONDITION last.	(C)	**************************************		
	33/X II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				715
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WEWAS PERFORMED	IICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
MA	21A. ACCIDENT WAS UNDERLYING 21B. PI	LACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore Ci	ty, give exact location)
AL	OR CONTRIBUTING CAUSE OF home, etc.)	form, foctory, street, o	ffice bldg., INJURY OCCUR?		
EDIC		NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ME	OF INJURY (APPROX.) While	Al Not Whi			
	22. I certify that (I) (this hospital) attended the			9 10 3/8	168 19
	that (I) (we) lost saw the deceased alive on	3/8/68			n death occurred on the dat
	ond hour and fram the causes stated above. (1)	(We) (did) (did not)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	23A. SIGNATURE			(House) 23	B. DATE SIGNED
	Milter	M.D. Att	ending Med. Director	Sto Phys.	3/8/1969
	23C. PHYSIGIAN'S		23D. ADDRESS		7 311100
	BRUCE ETTING	ER M.D.	SINAI Ho.	SPINA	
24A	BURIAL CREMATION, 248. DATE 24C. NAA	AE of CEMETERY OF CR		CATION (City, 1	own, or county) (Stote)
	BURIGL 3/10/68 H	Iren- Frun	dates 5	bille	My
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF		25C. FUNERAL DIRECTOR		ADDRESS
	MAR 12 1968 R. P. A. E. Follow	lea MID	Sylvans. Le	was a Soniluc	Sur
vs.	150-REV. 1/1/65				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

9		HEALTH DEPARTMENT	OG Orymyry			
7-300 68-27	77 CERTIFICA	TE OF DEATH REG NO	68 2777			
DIKITI NO.	1	2. DATE AND HOUR OF DEATH	1			
(Type or Print) - Errelinn	Fite	3-8-68	1 10 5 5 M			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION CIVE STREET	and Bullo	53-00			
HOSPITAL OR ADDRESS OR LOCATION)	THIS HOLL, GIVE STREET	C. CITY OR TOWN Baltinare	SIDE CITY LIMITS?			
11 - memor	Journon memoural		YES NO			
the mon	33 rd At Bulto rud		10 1			
		B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 Hrs.			
mann mann	ED NEVER MARRIED	9-4-09 SR	Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY		12, CITIZEN OF WHAT COUNTRY?			
dane during mast of working life, even if retired)			USA			
	n Home	Maryland 14. MOTHER'S MAIDEN NAME	WA			
13. FATHER'S NAME James / E	issell	ada loy				
15. Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (If yes, give war ar dates of serving)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
No no	JECOKIII NO.	Huspitalness of				
18. , 99 /	CAUSE OF DEATI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		me fartatu Caru				
LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU	735	and 6 mg			
heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:				
injury or complication which coused death.) ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, if any, give	(B)	A CONSEQUENCE OF:				
rise to the above cause (A) stating	-					
UNDERLYING CONDITION last.	(C)					
79.2 II	NG.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		••••••••••••				
U 19A, DATE OF OPERATION 1198, CONDITION F		20A. AUTOPSY? (Yes or No.) 208. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?			
3-4-68 Lea	leve made bro	my no				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., i hame, farm, factory, street, at etc.)	n for about 21 C. WHERE DID (If In Baltim ffice bldg., INJURY OCCUR?	are City, give exoct lacation)			
21D. TIME (Month) (Day) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
E OF INJURY (APPROX.)	While At At Work	e 🔲				
22. I certify that (I) (this haspital) attended	l		3-8 1966			
	that (I) (we) lost sow the deceased alive on 3 19 68 and that in (my) (aur) apinion death occurred on the date					
	and hour and from the couses stated obave. (1) (We) (did) (did not) view the body ofter deoth.					
23A. SIGNATURE						
rundely 5. List	1 Dhu	ending Med. Staff Staff Phys.	3-8-6			
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS				
NAME (Type) transition	Leslie	302 € 33 Ad V	alto, mo.			
24A. BURIAL CREMATION, 248. DATE 24. REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION	City, town, or county) (Stote)			
Burial Mar. 11, 1968	Druid Ridge (e	metery Pikesville, N	laryland			
	AE OF REGISTRAR	25C. FONERAL DIRECTOR	MDDKE33			
MAR 12 1968 Relate & Falley John Burns Sons, Towson, Maryland						



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such deceased prior to death. Such deceased prior to death. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

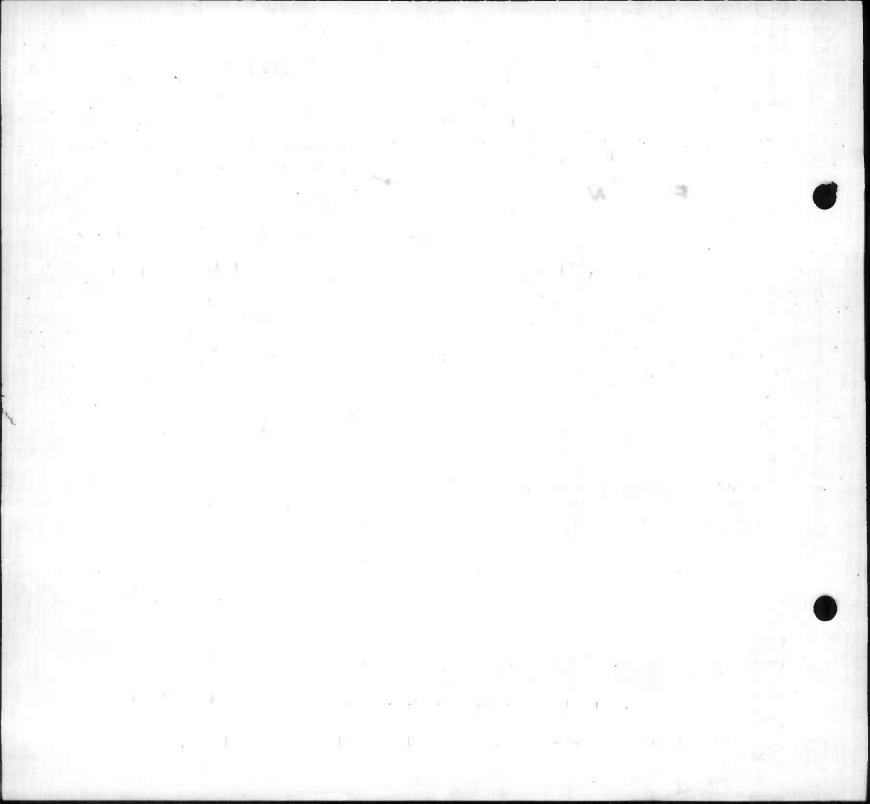
V 15 5 00 000		HEALTH DEPARTMENT		68- 2778
K-420 68-277	8 CERTIFICA	TE OF DEATH	REG. NO	00 2110
1. NAME OF DECEASED (Type or Print) WALTER JAMES 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	S KULE.	2. DATE AN S. Z. A. 14. USUAL RESIDENCE (Where A. STATE B. COUN		M. stitutian: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	ITUTION, GIVE STREET	MARYLAN C. CITY OR TOWN		DE CITY LIMITS
2809 EASTE	RNAVE.	BALTIMO E. STREET AND NUMBER	ORE	YES NO
()		2809 EAS	STERN	AVENUE
5. SEX 6. RACE 7. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
dane during most of working life, even if retired) CABOWSER TAY 13. FATHER'S NAME	(i	MARYLAND) AE	4. S. A.
T K			,	
15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	UNKNOWN		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service	SECURITY NO.	MOC MARY T	aulane Li	2500 FACTORIA
1B. 4 / 0 . 9	CAUSE OF DEAT		AWORSKI	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			11 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SEMNOCULA	cul Infai	eta Instantano
(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas	DUE TO OR AS	A CONSEQUENCE OF:	U	
injury or camplication which caused death.) ANTECEDENT CAUSES	0	chton		10 mm
DISEASES OR CONDITIONS, if any, givin	(B) CORON	A CONSEQUENCE OF	action.	2 (0 M 0 MG
rise to the above cause (A) stating th	e			-
UNDERLYING CONDITION last,	(c)			
V 20./ II		· · · · · · · · · · · · · · · · · · ·	leaden	Brende
TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).		warmen and		a long
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 12	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., i ame, farm, factary, street, a tc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	e City, give exact location)
Q 21 D. TIME (Month) (Day) (Year) (Hour) 2	E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
< (A DDD (V)	Vhile At Nat While Vark At Work			
22. I certify that (I) (this haspital) attended	the deceased fram _O	TOBER 30	967 to Fe	l-21 1968,
that (1) (we) last saw the deceased alive ar				nian death accurred an the date
and haur and fram the causes stated abave.	(I) (Wa) (did) (did nat)	iew the bady after death.		
23A SIGNATURE		/		23B. DATE SIGNED
Kulmulaun	DEGREE Phy		Staff Phys.	many 8-1468
HAME (Type)	1100	23D. ADDRESS 1010 ST PAI	1/47 2120	2
MICHARD D 14A	HN DEGREE		1771	
REMOVAL (Specily)	NAME OF CEMETERY OF CR	10 -) ,	ly, tawn, ar caunty) (State)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAMI	OLY TOSARY	EMETERY DIRECTOR	ALTIMORE	ADDRESS
MAR 12 1968 Rep 8, 4		RAYMONDL	KARTOR	owski FLEET ST.
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1		HEALTH DEPARTMENT 68- 2779
2005	WI-254 CA127 68- 2779 CERTIFICA	TE OF DEATH REG. NO.
se of death (5) Deceased ance on the death. Such	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- 0 0 c c		3/8/68 2:50 P. M. M.
of Oec Ce o ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION THE JOHNS HOPKINS HOSPITAL	MARYLAND C. CITY OR TOWN ID. INSIDE CITY LIM 17
a hose cause se; (5)	INSTITUTION THE JOHNS HOPKINS HOSPITAL	BALTIMORE CITY D. INSIDE CITY UM NO
	33 GOT NORTH BROADWAY BALTIMORE, MARYLAND 21205	E. STREET AND NUMBER
P d + d		1102 McALEER COURT
occurr ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months Doys Hours Min.
	tOA, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY done during most of warking life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
or condet	gone during most of working tite, even it femely	MARYLAND U.S.A.
if de sct o t) Un was was the posit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
20 - 0	McCall, Richard	PATRICIA MCMILLIAN
ind; eath e on al di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
the the kir de nce		
~ ~ ~ ~ ·	18. 7 7 6 / I CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 0 4 E 0 D	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	To be a second
Als Als nou att	(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	JSE Pulmonary in sufficiency -
ner er. ctu pro lar	injury ar complication which coused deoth.)	
min fra ho egu	ANTECEDENT CAUSES (B) 14-ya	line nombrane disease 5 days-
×a ×a wlw	the term of the state of the st	A CONSEQUENCE OF:
al el el an	UNDERLYING CONDITION last. (C).	materity
medical edical eburns; (3 hysician n was irremains	7 7 3 . 6 II	
me bu bu bu hy rer	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ief ody e F icici	179A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by a Bod hysic reth	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	123
the all b (2) ere o ph	OR CONTRIBUTING CAUSE OF home, farm, factory, street, of DEATH (natify medical examiner)	ffice bldg., INJURY OCCUR?
Very Key	Q 21D TIME (Month) (Day) (Year) (Hour) 21E INIURY OCCURRED	21F. HOW DID INJURY OCCUR?
ed atu pt (6)	OF INJURY (APPROX.) White At Not White At Work At Work	
rove y ne y ne xce ind btai	22. I certify that (I) (this hospital) attended the deceased from	
appi to th of an il (e)		19 (68 and that in(my) (opinion death accurred an the dat
00	ond hour and fram the causes stated above. (1) (wa) (did) (did not)	
ust be based dent lospit deat	23A. SIGNATURE	23B, DATE SIGNED
must celeas ccide a hos to de	MD OEGREE Phy	ending Med. Staff Director Phys. B 3/8/68
0 - 0 - 5	23C. PHYSICIAN'S NAME (Type	THE JOHNS HOPKINS HOSPITAL
certificate body was r rs: (1) An a D.O.A. at ased prior	J. WILLIAM FLYNT, JR. M.D.	
子子このるこ	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	
body ws: (p. D.O ease	CREMATION 3-9-68 JOHNS HOPKINS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
This certhe bod shows: was D.C decease written	MAR 12 1968 Robert E. Falley	HOSPITAL DISPOSAL ADDRESS

VS 150-REV. 1/1/6B



the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/ 60	BALTIMORE CITY	HEALTH DEPARTMENT	CS	3- 2780
K-520 68-	2780 CERTIFICA	TE OF DEATH	REG. NO.	3 2100
BIRTH NO.		2. DATE AN	ND HOUR OF DEATH	
(Type or Print)	=6110	MARI	7H Q 19/2	Μ.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If institution	
FULL NAME OF (IF NOT IN HOSPITAL OR IN	TERRET SVIO MOTHETTE	MADOVIAN	d	6-07
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
BALTO. CITY	HOSPITAL	BALTO	YES [NO 🗌
3 BALTO. CITY	AUE.	E. STREET AND NUMBER		
		134 10 3	LOVER SI	REET
b /	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Un Month	der 1 Yr. If Under 24 Hrs. Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIN	WED DIVORCED	11. BIRTHPLACE (State or fore	55	ITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	D OL BOSINESS OK INDOSIKI	III. BIRITICACE (Store or fore	aigh country)	THIZEN OF WHAT COUNTRY!
		BALTO, M	ARYIANO	
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME	
John BORKOWSKI (DECERSED)	MARY KRY	SIKIEWICZ	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110	216-03-2710	JOSEPH KOEK	119 JR. 6/2	47TH STREET
18.250,4	CAUSE OF DEAT	H	1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		me Ih	1.4.	2 Decept
(This does not meon the mode of dying,		A CONSEQUENCE OF:	macun!	
heart foilure, asthenio, etc. It means the dis- injury or complication which coused death.)	eose,	10 -+	7/1	·no ·n/
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DISEASES OR CONDITIONS, if any, g	iving (B)	A CONSEQUENCE OF:		
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I Z				
TO THE DEATH BUT NOT RELATED TO THE TERMI Continue			73	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes o N	208. IF YES, WERE FINDING	GS CONSIDERED F DEATH?
WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (0.g.,	in or about 21 C. WHERE DID	(If in Boltimore City,	give exact location)
OR CONTRIBUTING CAUSE OF 5 DEATH (notify medicol exominer)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(II III bollimore City,	give exact incomon,
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?	
OF-INJURY (APPROX)	While At Not Whi	le 🗀	OKI OCCOK	
	Work At Work		El Ma	11 1 18
22. I certify that (1) (this hespital) attend	UZ// n	Soft of	1962/ to Mul	M 74 - 19 65.
that (1) (st saw the deceased alive			nat in (apinton d	eath accurred an the date
and haur and fram the causes stated aba	ve. (I) (No) (abd) (did nat)	view the bady after death.		ATE SIGNED
23A. SIGNATURE	AH IO AH	ending Med.	Shaff	ATE SIGNED
23C PHYSICIANS	DEGREE Ph	ys. Director	Phys.	
23C. PHYSICIAN'S NAME (Type)				
24A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY OF CH	ISO 1 VIEW	OCATION (C)	n, or county) (State)
REMOVAL (Specify)	C. NAINE OF CENTETERS OF CH	Z4DC	LOCATION (City, town	n, or county) (Stote)
BURIAL 3-13-68	HOLY KOSARY	CEMETERY DO	UNIDALK M	ADDRESS
	ME OF REGISTRAR	ZOC. PUNERAL DIRECTO	K	S. CHESTER ST
VS 150-REV. 1/1/6B		JOHN M. WED	ERHYDRIS INC	S. CHESTER ST

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

IMPORTANT

FUNERAL DIRECTOR:

		RE CITY HEALTH DEPARTMENT				
	77-200 68- 2781 CERTIFICATE OF DEATH REG. NO. 68- 2781					
	JOSEPHINE MAJE	JKA 3/10/68 8 158:15PM				
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before offinission A, STATE 8. COUNTY					
HA	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION BALT IMORE CITY H OSPITALS 4940 EASTERN AVENUE	MARYLAND C. CITY OR TOWN BALT IMORE E. STREET AND NUMBER				
	BALTIMORE, MARYLAND #21224	404 S. COLLINGTON AVE. #21231				
5. 5	MARKED TYEVER MARKET	2 40 0				
104	FEMALE WHITE WIDOWED DIVORCES					
don	PACKER LAWGES FACKION	IGCA BALTO MY.				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN MAME				
15.	Wos Decessed Eyer in U. S. Armed Forces? 16. SOCIAL	17. INFORMAN CALLET THE OFFICE OF THE MOCH THAT CADDRESS				
(Ye	s,no or unknown! (If yes, give wor or dotes of service) SECURITY NO.	o. RECORDS: BALTIMORE CITY HOSPITALS ADDRESS 4940 EASTERN AVE., BALTO., MD. #21224				
	heort foilure, osthenio, etc. If meons the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	BETWEEN ONSET AND DEATH				
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	DN 20A. AUTOPSY? (Yes or Nol 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street.)	street, office bldg., INJURY OCCUR?				
MEDIC	21 D. TIME (Month) (Doy) (Yeot) (Hout) 21 E. INJURY OCCURRE OF INJURY (APPROX.) Work Not	RRED 21 F. HOW DID INJURY OCCUR? Not While At Work				
	22. I certify that (1) (this haspital) attended the deceased from	om 3/9 198 to 3/10 1968				
	thoy (1) we) last saw the deceased alive an 3/10 19/68 and that in (my) (our) opinion death accurred an the date					
	and haur and from the causes stated above (1) (did) (did	ld nat) view the bady after death.				
	23A. SIGNATURE E. MC Bethoegre	Attending Med. Stoff Phys. 3/10/68				
	23C. PHYSICIAM'S NAME DAVID E. MCBETH	23D. ADDRESS BALT IMORE CITY HOSPITALS 4940 EASTERN AVE., BALTO., MD. 21224				
24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	RY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel				
25		ISIAUS CEM BALTO MO ADDRESS -101				
	MAR 12 1968 Robert E. Jankeyin	JOHN M. WEDERKONS INC. S. CHESTERST				

MAR 12 1968 VS 150-REV. 1/1/68

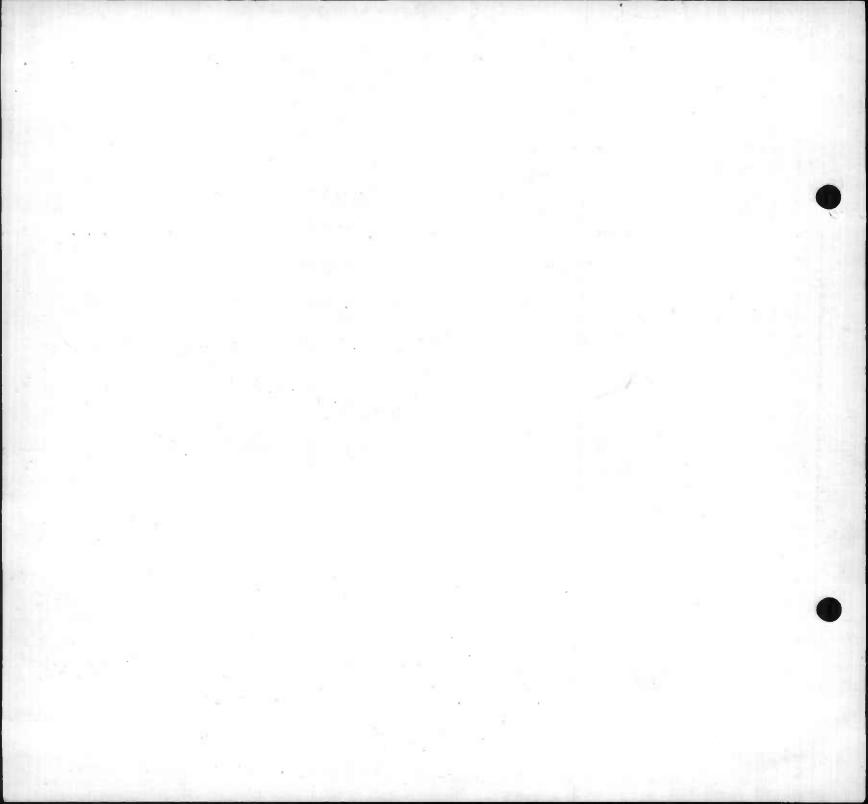
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<-322	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 68-2782
pital and of death Deceased e on the ath. Such	Stanislaus Kotkowski Stanislaus Stanis
d in a hos ing cause (cause; (5) attendanc rior to de	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1. STATE 8. COUNTY Maryland C. CITY OR TOWN Baltimore 21224 E. STREET AND NUMBER 2427 Foster Avenue 2427 Foster Avenue
death occur or contrib Undetermin as in regul	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors dost birthdoy) 10. Usual Occupation (Give kind of work of working lite, even if refired) 10. Wilder 1 of the working lite, even if refired 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. DATE OF BIRTH 9. AGE (In yeors dost in yeors dost birthdoy) 10. Set (In yeors dost in yeors
RTAP ssistan the kind deat nce o	Anthony Kotkowski S. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 212-10-2064 Mrs. Marie Sarnecki 2414 Fleet Street
DIRECTOR: lical examiner of the state of the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heert foilure, osthemic, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNER approved by the chief r to the hospital by a m of any nature; (2) Body (all (except where the p) h); and (6) No physicia be obtained before the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout of contribution of cont
ficate mu was rele A. at a h prior to	23A-SIGNATURE Attending Med. Shaff Director Shaff Burial Cremation, 24B. Date 24C. Name of Cemetery or Crematory Burial 3/14/68 St., Stanislaus Cemetery Baltimore, Maryland Shaff St. Stanislaus Cemetery Baltimore, Maryland St. Stanislaus Cemetery Baltimore, Maryland St. Stanislaus Cemetery Company
This certif the body shows: (1) was D.O.(1) deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR George A. Weber 705 South Ann Street

VS 150-REV. 1/1/68

ty, town, or county) (Stote) St, Stanislaus Cemetery Baltimore, Maryland George A. Weber 705 South Ann Street

P.M.

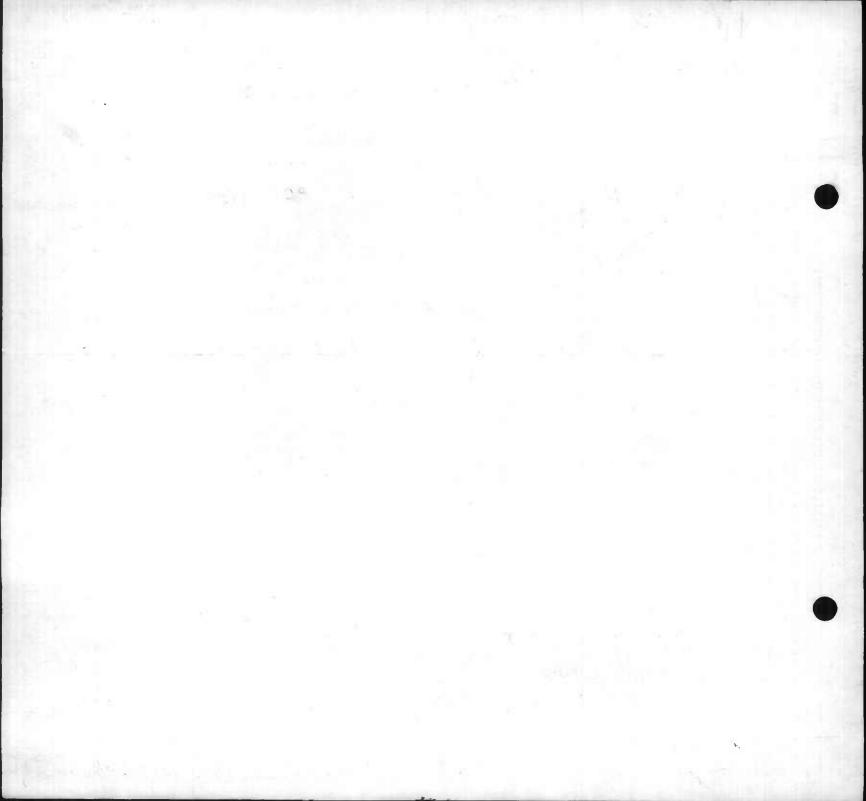


1	M-620 68- 2783 CEDITION DE DEATH REG. NO. 68- 2783
	CERTIFICATE OF DEATH
and ased the Such	BIRTH NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
of death of death Deceased e on the ith. Such	(Type or Print) MORRIS TOSEPH L. 3-10-1968 at 120mm M.
the Dot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A. STATE B. COUNTY
cause o use; (5) D tendance	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
a de co	The Union Memorial Hospital E. STREET AND NUMBER 3924 Hudson street
ar ar de	
contribu termine regular ceased ris mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. OATE OF BIRTH 104 U. L. WIDOWED DIVORCED 10-4-1894 105. SEX 105. SEX 106. RACE 17. MARRIED NEVER MA
de i de	Retired Paving Inspector Baltimore Mary land American
de de sit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
irect or control (4) Under was in the decoisons is position	Joseph Morris unknown Sarah O'Hara
itant e di ind; eath e on al di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
the the dear	No 214-40-5637 Mrs. Mary E. Morris 3924 Hudson Street
# D D L	18. 5 7 7 01 CAUSE OF DEATH Paucusatic alscers. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
den den	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
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	heart failure, asthenia, etc. It means the disease,
E E B = E	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES
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exa exa 3) A 3) A	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C).
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W U 7 2	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DISEASE OR CONDITION GIVEN IN PART 1 (A).
ief man dy by	
ch Bo Bo th th	
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact lacation) home, form, foctory, street, office bldg., INJURY OCCUR?
d r v b	5 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
hospit nature ept wh d (6) N	While At Work At Work
prov the I ny n exce and	22. I certify that (I) (this hospital) attended the deceased from 3 . 3
4000	that (I) (we) lost sow the deceased alive an 3-10 1968 and that in(my) (aur) apinian death accurred an the date
0700++	and hour and fram the causes stated above. (1) (We) (did) (did nat) view the body after death.
ust be a eased to dent of lospital death) must be	23A. 51GNATURE
ccides hos	Darwijh M. Nu 7 M Attending Med. Staff Phys. Director Phys.
0 - 0 - >	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
certificate body was r vs: (1) An a D.O.A. at a sased prior ten approv	Daywijh M. NAZZA GEGREE WE UNIM MEMORIA TO STAM
de Constant	REMOVAL (Specify)
ws: ws: s D.	Burial 3-14-1968 Oak Lawn Cemetery Baltimore County, Maryland 25A, DATE REC'D BY HEALTH OEPT. 25B, NAME OF BEGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
This certif the body shows: (1) was D.O. deceased written a	MAR 12 1968 Report 258. Name of aggistrar 256. Funeral director Lilly & Zeiler Inc. 1901-07 Eastern Ave.
, , , ,	VS 150-REV. 1/1/6B

ALLE FIRM direct grade to the same of th Just Muss mark dave 7 (a _ ____ James La Maryland Taskau. M. T. Markett profession in

THE WAY SHOW TO BE STORED IN BEARING THE LITTLE SOIL COLUMN TO SERVE THE RESERVE TH

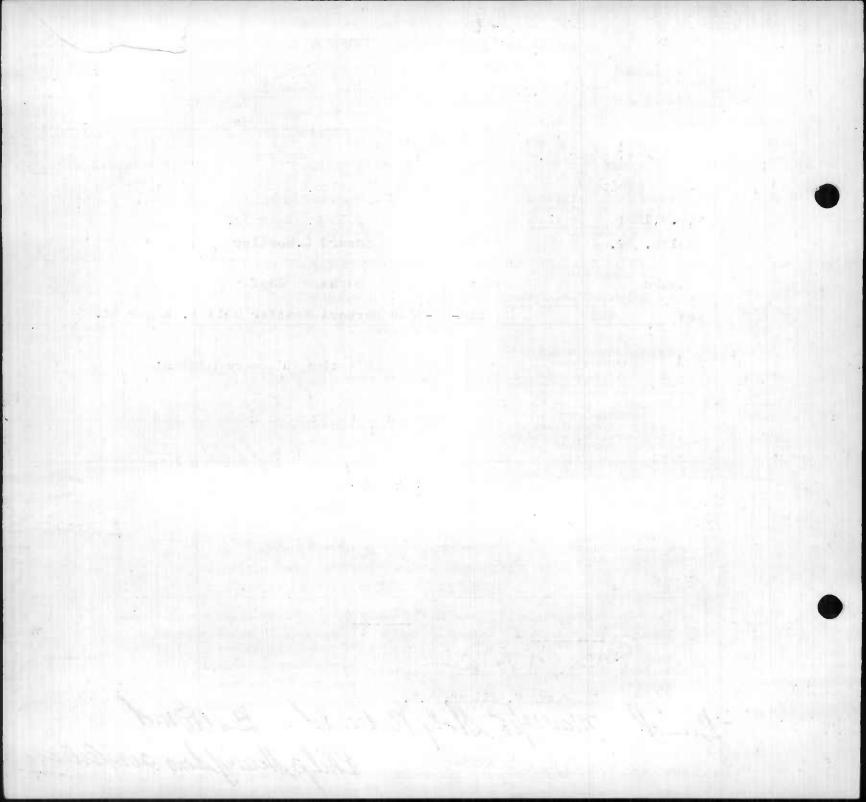
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EUI	LL NAME OF (IF NO	T IN HOSPITAL	OR INSTITUTION	L GIVE STREET	mary/and	13n	10 53.0
HO	SPITAL OR ADDR	ESS OR LOCATION	N)	,	C. CITY OF TOWN	D. INS	IDE CITY LIMITS?
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P	- 11	1 0	100		E. STREET AND NUMBER	0	
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	pn N	W	IDOWED [DIVORCED	7-4-92	75	
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1.1	grolver	, , , , , , , , , , , , , , , , , , , ,			Maryland		21. S. A
	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
1	(labo) (1.1	2 5			Mallow 1	11/10	
15.1	Wos Deceased Ever in U.	S. Armed Forces?	1 6. 9	SOCIAL	17. INFORMANT	1/63	ADDRESS
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K-346
68-2786 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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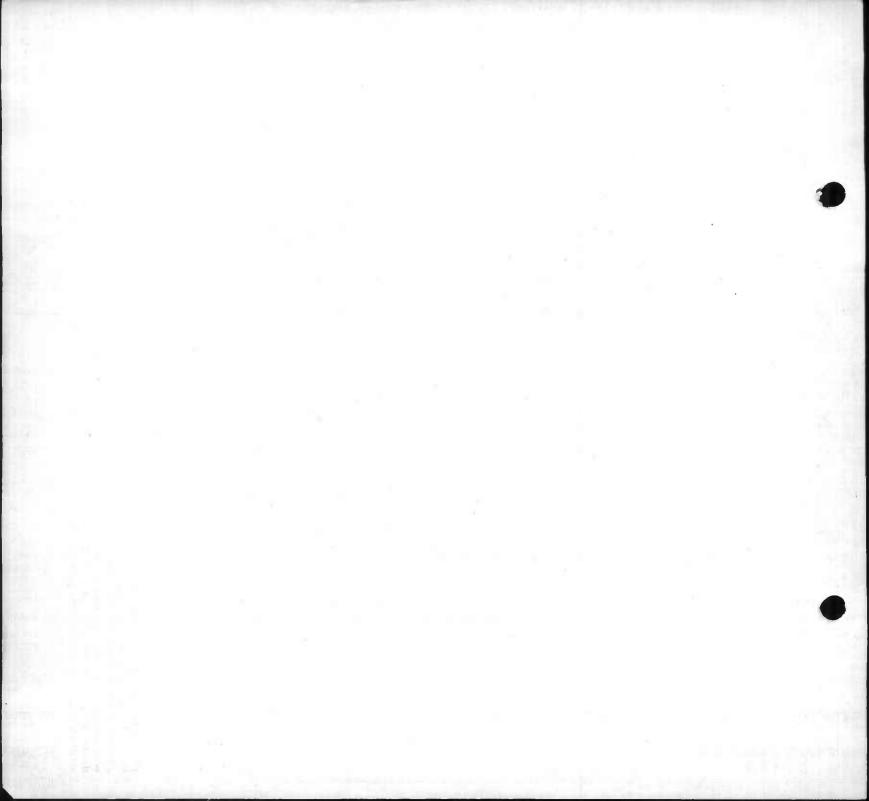
BIE	RTH NO.		MILD	ICAL	LVAMIIAFK	CEKTIII	LATE OF	DEAT	REG. NO		
1. NAME OF DECEASED						2. DATE	Known 🕞	Month	Doy	Yeor	Hour
(Type or Print) EDWARD KETLER					OF DEATH	Estimoted	3	11	68	7.45 - 11	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Month	Day	Yeor	7:45 a M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					PRONOL	NCED DEAD	35.6				
	INSTITUTION	ADDRE	:55 OR LOCA	IION)		5. USUAL RE	SIDENCE (When	e deceosed liv	h 11 ed. If institution		e before admission
0	D 231/	E Fo	ger St			A. STATE			B. COUNTY		N 4
6.	SEX ZJI4	7. RACE	ger St		NEVER MARRIED	C. CITY OR	Marylar	la	D. INSIDE C	TITY HARTS	7-53
	Male	White									
	DATE OF BIRTH		10. AGE (In	WIDOWE	Under 1 Yr. If Under 24 Hrs.	Bal	ND NUMBER		1	YES 🖾	"NO L
			lost birthdo		onths Doys Hours Min.						
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	Balto.		in country)		. CITIZEN OF WHAT COUNTRY?	Edwar	d C.Kest	ler			
				4B. KIND C	F BUSINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	ME	V		
don	e during most of w Guard		en irretired)	Pi	nkerton	Bark	ara Zap	f			
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM			-	ADDRESS	
(Ye	yes	(If yes, give www.2		of service)	218-07-4329	Barbar	a Kestle	r 2314	E. Es	ger S	st. 5
	19.	.2			CAUSE OF DEA	1					APPROXIMATE INTERVAL
	0//									BE.	TWEEN ONSET AND DEATH
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	(This does no	ot meon the	mode of dy	ing, e.g.,	(A) IMMEDIATE O	AS A CONSEQ	UENCE OF:	mary 1	upercui	LUSIS	
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	RISE TO THE	ABOVE CA	ONS, IF ANY	ING THE	DOE 10, OK	AS A CONSEC	OENCE OF:				
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CERTIFICATION	002.1		11								
S			NDITIONS CO		IG AL Fatty	liver					
HH	DISE ASE OR	CONDITION	GIVEN IN PA	ART 1 (A).							
E.	20A. DATE OF	OPERATIO	N 20B. COI	NDITION FO	R WHICH OPERATION W	AS PERFORM	ED			21. AU1	TOPSY? (Yes or No)
				11/2							Partial
<u>₹</u>	22A. EXTERI UNDERLYING	NAL CAUSE		22 ho	B. PLACE OF INJURY (e.g., me, form, foctory, street, office	in or obout 2	C. WHERE DID	(If in Boltimor	e City, give e	xoct location)
MEDI	UTING CA				,,,						
Σ	OF INJURY	(Month) (E	Doy) (Yeor) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCL	JR?		-
	(APPROX.)			m		VORK					
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	result	ed from	loturol sou	594 X	Accident Suici		micide 🔲		ned monner		
		OI	/	H	11-1		HIEF MEDICAL	EXAMINER			D. 1
	ACTUAL SIGNATU		VI	CIVV	M.C	ASSI	TANT MEDICAL		K		DATE SIGNED
	EXAMINI		-		141.1		CIATE MEDICAL	EXAMINER			
	NAME (T		Edwa	rd F.	Wilson, M.D.	7000	/		Ma	rch 14	, 1968
	A BURIAL CREA		24B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	16 my jou	vn, or toun	ty) (Stote)
1	MOVAL (Special		Mar	1468	Stoly K	delin	W	Bar	SOM		
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	ME OF REGISTRAR	25C	UNERAL DIRECT	OR P	, /	ADDRESS	Calle
	MAR 1	2 1968	B Re	1 5 E	Fallman	Th	Up ste	rurg	sens	202	1000cms
VS	151-REV. 1/1/68	3						1/			



BALTIMORE CITY HEALTH DEPARTME CERTIFICATE OF DEA Such on the of death (5) Deceased a hospital and M.E. CASE NO.

1. NAME OF DECEASED (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance cause FULL NAME OF (Il not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (4) Undetermined cause; INSTITUTION Partimo = prior cantributing 21202 is made. regular MARRIED, NEVER MARRIED 5, SEX eceased WIDOWED. DIVORCED (specily) 3-28-1 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ar final dispasition dane during most of working life, even if retired) 13. FATHER'S NAME death 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO attendance 215-01-2273 CAUSE OF DEATH A Sa, DISEASE OR CONDITION DIRECTLY are embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, osthenio, etc. Il meons the diseose, the chief medical examiner regular injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving lo the obove couse (A) sloting the physician UNDERLYING CONDITION lost. must be obtained befare the remains No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Ye 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE home, lorm, loctory, street, office bldg., INJURY OCC to the haspital MEDICAL DEATH (notify medical examiner) nature; (except wh 21 D. TIME OF INJURY 9 (Month) (Doy) (Year) (Hourl 21 E INJURY OCCURRED 21F. HOW D approved While At Not While (APPROX.) Work At Work any 22. I certify that (1) (this hospital) attended the deceased from ovely that (I) (we) last saw the deceased olive an death) haspital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after (the bady was released 23A, SIGNATURE Attending Phys. Med. 9 written appraval Directo 8 deceased priar 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) M.D. 101 shows: (1) 24A, BURIAL CREMATION! 24B. was D.O.

ENT	68- 2787
TH Registered No. —	00 2101
ATE AND HOUR OF DEATH	
E (Where deceased lived, If inst	itution; residence before odmission)
COUNTY	
(If outside city limits, write RU	RAL and give township)
Re	10-01
(If rural, give location)	,
	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
or foreign country)	12. CITIZEN OF WHAT COUNTRY?
are	US A-
EN NAME	
mensenze	
Fas of The	ADDRESS Poor
Co ofutero	INTERVAL BETWEEN ONSET AND DEATH
a of where	(3)
L	
	HIMMAN N N N N N N N N N N N N N N N N N N
	A A
s or No. 20B. IF YES, WERE FIT	NDINGS CONSIDERED SES OF DEATH?
DID (If in Boltimore	City, give exact location)
CU R?	,,
DID INJURY OCCUR?	
1067 . 111	2 e 6 0 196 P.
	/
	on death occurred on the date
deoth.	23B. DATE SIGNED
Stofl Phys.	3/4/68
710en Chaice	LANE
24D. LOCATION (City,	, town, or county) (State)
(Sattinger)	
RECTOR O	ADDRESS 2024
Herurd Dono	Dalmant



was released approval prior An eceased 0.0 the body shows: Was

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION, 124B. DAT

REMOVAL (Specify)

3/12/68 258, NAME OF REGISTRAR

Loudon Park Cemetery

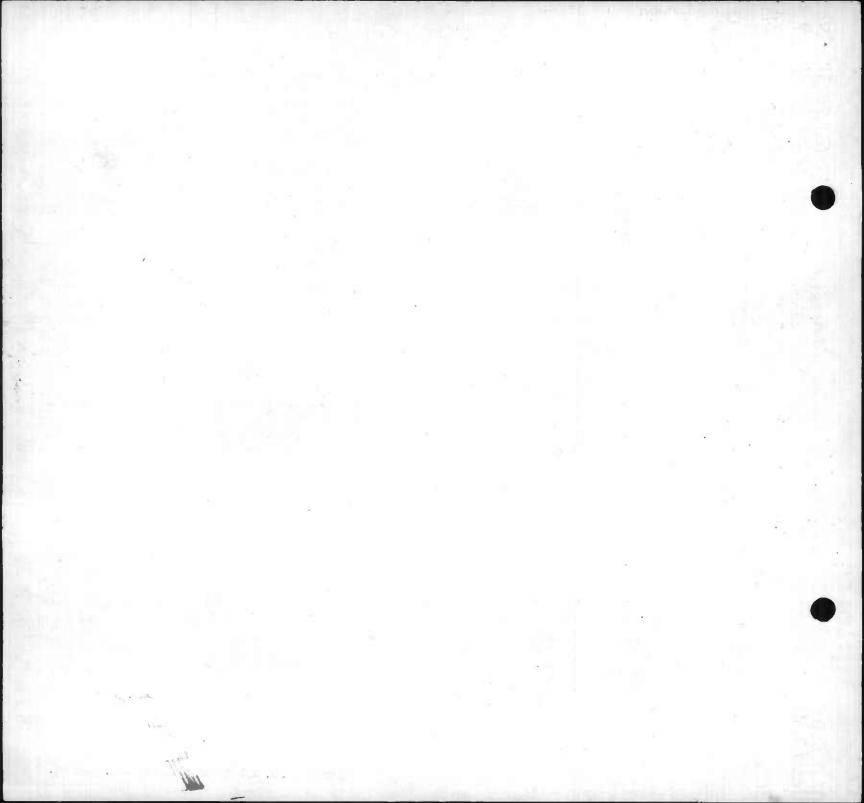
Balto. Maryland

(City, town, or county)

25C. FUNERAL DIRECTOR ADDRESS Witzke F.D. 4101 Edmondson Ave. Balto.

VS 150-REV. 1/1/68

70



VS 150-REV. 1/1/6B

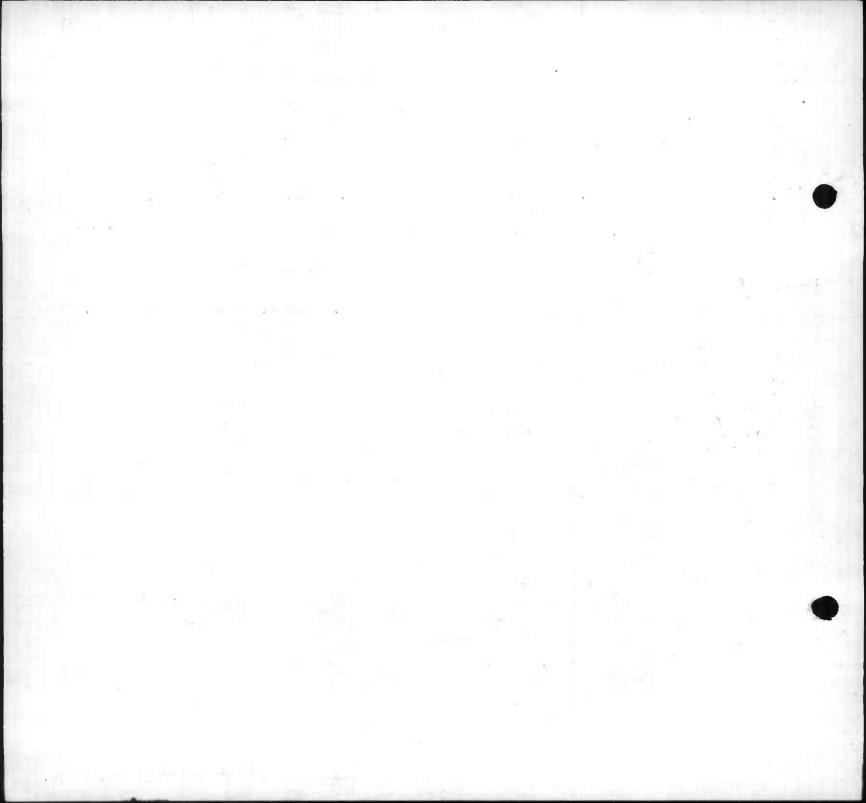
68-	2789
00	6100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

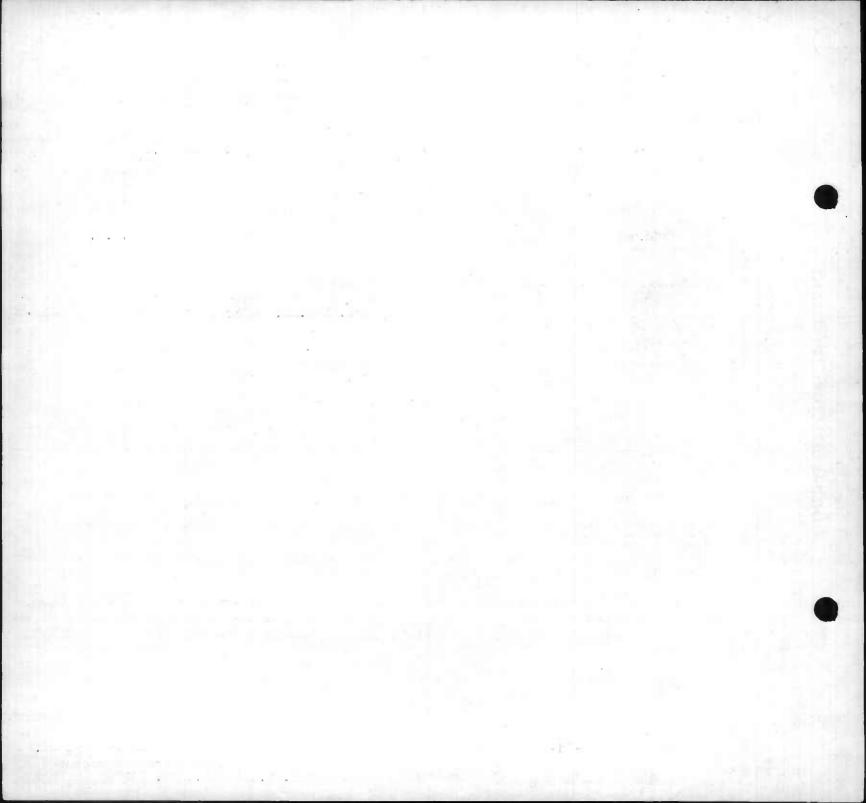
REG. NO	68-	2789
	(1)	1-0

BIRTH NO.			CERTIFICA	IL OI DEA	111	00	
Type or Print)				2. D	ATE AND HOUR OF	DEATH	
-, pe ut 1 1111/	John G.	Pentz			March 9 196		N
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD		E (Where deceased li COUNTY	ved. If institution:	residence before admission)
FULL NAME	OF (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland			
HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TOWN		D. INSIDE CITY	LIMITS?
0				Baltimore	ADED.	Us D	X NO
90	Hood's Nurs	ing Home		106 Mallo	w Hill Road		1
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	O AGE the us	ors If Und	ler 1 Yr. If Under 24 Hrs
Male	Cauc.	WIDOWED		Jan. 14 188	1 lost Sighday	Livionini	Doys Haurs Min.
	CCUPATION (Give kind of wo		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)		TIZEN OF WHAT COUNTRY
	t of working life, even if retired) red Broker	Candy	Business	Baltimore			U.S.A.
3. FATHER'S	NAME			14. MOTHER'S MAID	DEN NAME		
lete	- John Pentz			late- Ma	ry Boteler		
5. Wos Deceo	sed Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
es, no of unkn	own) (tf yes, give wor or do	ies of service)	SECURITY NO.	Man II anno	C Dente 4	526 P-1+-	n 64 04040
10 - 6	77 11 11 1 1 1 1		217328528 CAUSE OF DEAT		G. FORUZ	DOT TO	n St. 21217
rise lo UNDERLY	OR CONDITIONS, if the above couse (A) (ING CONDITION last. II CONDITIONS CON	sloling the	(c)	- Fay Duxa	. Distretos	moletw	Years
	OF OPERATION 198. CO	RT I (A).	WHICH OPERATION	20A. AUTOPSY? (Ye	es or No) 20B. IF YES	, WERE FINDING	S CONSIDERED
19A. DATE	WAS PE	RFORMED		no	IN CERTIFY	ING CAUSES OF	DEATH!
OR CONT	DENT WAS UNDERLYING RIBUTING CAUSE OF alify medical exominer)	21 B hom etc.	PLACE OF INJURY (e.g., i ne, form, foctory, street, o)	n or obout 21C. WHERE ffice bldg., INJURY OC	DID (If in	Baltimare City, g	ive exact location)
D 21D. TIME) (Hour) 21E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR		
OF INJUR		Wh	ile At Not While	e 🗍			
22 1	25. Al - A /12 /Al 2 - L 24.			2/1/	10/0	3/0	10 68
	rify that (I) (shie hospite		2/0	3/9	19 (2.010.	77	19 90
	lost sow the deceas					opinion de	oth occurred on the do
	ond from the couses st	oted obove. ((did not)	iew the body ofter	deoth.		
23A. SIGN	7. h		Δ+4-σ	anding Med.	☐ Stoff ☐	23 B. D.A	ATE SIGNED
0000	Kines / Po	an 1	DEGREE Phy	s. Directo		5	77/60
23C.PHYSI	E Type J _ NO	LAN	m.n	Baltin	ore, n	rel 2/3	299
24A. BURIAL	CREMATION, 24B. DATE	24C.N.	AME of CEMETERY of CR	MATORY	24D. LOCATION	(City, town,	or caunty) (Stole)
Buris	11 (Specify) 3/11/68	3 Iron	udon Park Ceme	aterv	Baltimor	e Marylar	
	C'D BY HEALTH DEPT.			25C. FUNERAL DI		o imiliai	ADDRESS
	MAR 12 1968	Colout	E TOWN	Witzka F	.D. 4101 Ed	mondeon	Ave Relta
		1		TOWN T	awa of IVI IV	TINGOUT A	TA OF DOT OF



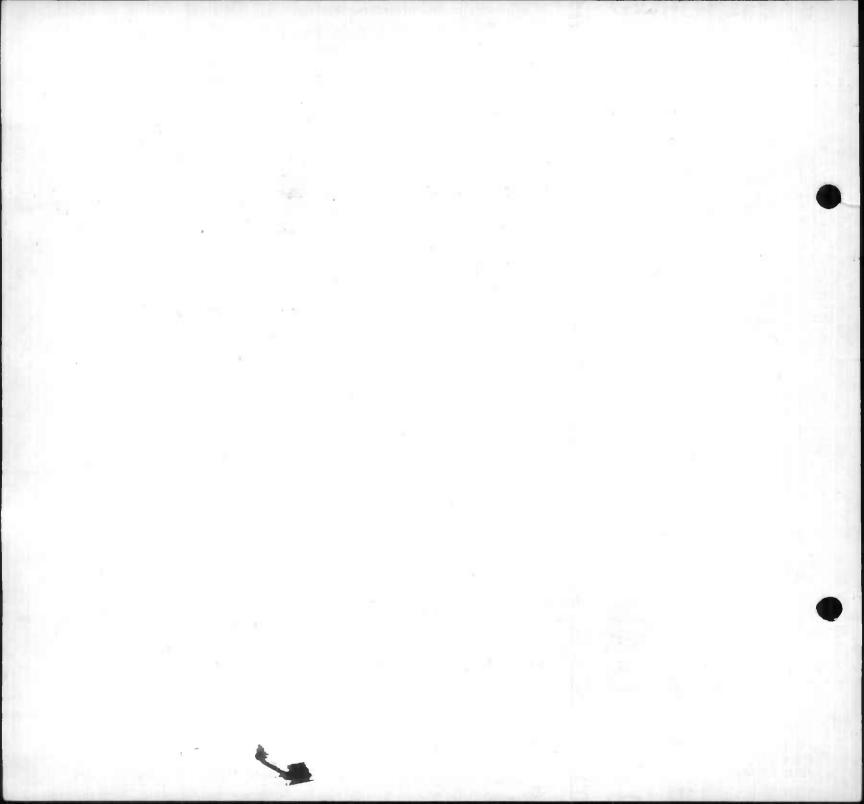
M FO 18-16-21 12-37-87 M PELLNO RETIRED AMERICA ALEXANDER DUCDOUSKICATHERINE DIL - 32-838 PAYMOND DAW SHO SHE 3-1-68 CASTRUCT IS MULDICE X 3-7-EV

17 15-5	BALTIMORE CITY	HEALTH DEPARTMENT	,	11 017
H-133 68-2	CERTIFICA	TE OF DEATH	REG. NO. 4	68- 2791
1. NAME OF DECEASED	HOFFMANN	2 DATE AN	6 68	9.15 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		titution: residence before admission
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	. INStr	DE CITY LIMITS?
26.11.11	2	BALTIMO	RE.	YES NO L
<u>'</u>	L OF BALTI-	VEFFERSON A	PT_ 04	ST. NR. CHARLES
5. SEX 6. RACE WIDOV	NEVER MARRIED X		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTE
Retired		AUSTRIA		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAA	A E	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	17. INFORMANT	rton 103 For	ADDRESS Their Hospital
WAS PERFORMED	NG NAL OR WHICH OPERATION 21B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, cetc.)	ffice bldg., INJURY OCCUR?		
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that W (this haspital) attend	ed the deceased fram 2		968 ta 1	3 6 19 68
that (1) (we) last saw the deceased alive	an 3 6	19 68 and the	at in (my) (out) apln	ian death accurred on the de
and haur and from the causes stated above	e. (1) (We) (did) (did hat)	view the bady after death.		
23A. SIGNATURE		ending Med.	Shaff Phys.	3 6 68 -
23C. PHYSICIAN'S NAME (Type) D. J. PRAS	HAN M.D.	SINAL HOSPI	TALOF	BALTIMORE
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. Le	OCATION (Cit	y, town, or county) (Stote)
REMOVAL (Specify)	T0797377 1. 2 27.		0-	-11 0 1 1
	ME OF REGISTRAR	Cemetery 25C. FUNERAL DIRECTOR	4101 Edn c	ondson Avenue
VS 150-REV. 1/1/6B	1 C' marie	Witzke F. D.,	Balto., Md.	21229



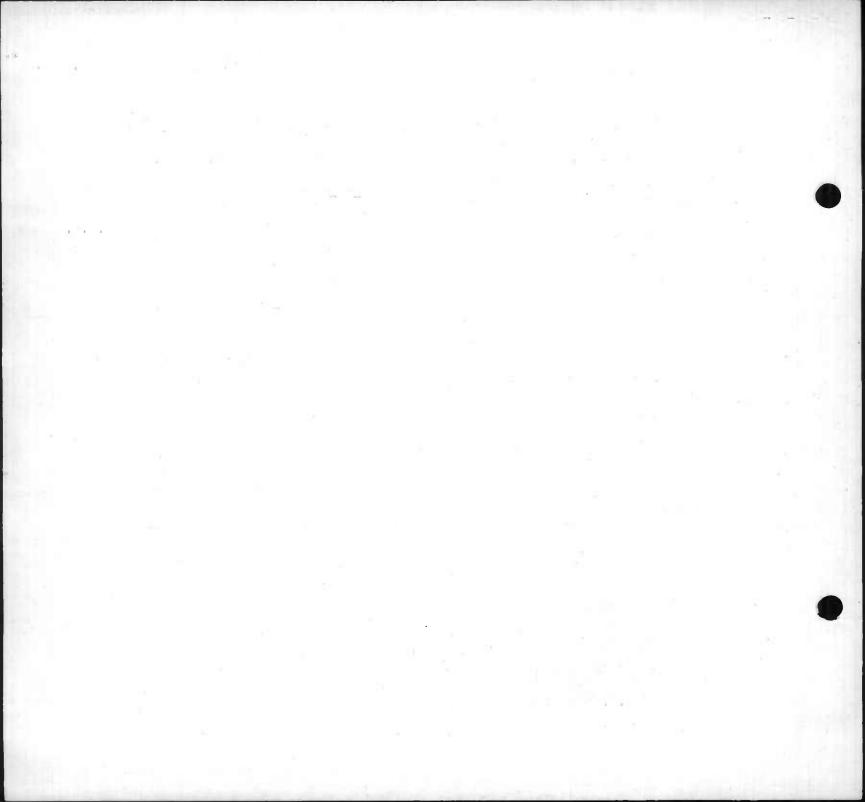
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Cid	2-
ac ac	20
An	pre
# 204	P
od)	ase as
S c	itte
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00	BALTIMORE CITY	HEALTH DEPARTMENT	CO Orton
68-	2792 CERTIFICA	TE OF DEATH REG. NO.	68- 2792
	CERTITICA	2. DATE AND HOUR OF DEATH	
(Type or Print)	PENCER	3/6/68	6:35 A M
3. PLACE IN BALTIMORE, MARYLAND, WH	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET TION)	C. CITY OR TOWN D. N	SIDE OTY LIMITS?
46 LUTHERAN HOSPITA	C OF IMARYCAND	E. STREET AND NUMBER	YES NO
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
MC	WIDOWED DIVORCED	2/22/04 last birthday!	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Laberer	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bluefield W Va.	U S
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Spencer 15. Was Deceased Ever in U. S. Armed Force	3	Fannie 17. INFORMANT	ADDRESS
(Yes, na ar unknown) (If yes, give war ar dates		IV. INFORMANT	ADDRESS
		Mrs Fannie Pleasants,	same
18.5 69.1	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	MASSINE UPDER GI	+ 10.00
LEADING TO DEATH	(A)IMMEDIATE CAL	SE HEMORRHAGE	
(This does not mean the mode of heart failure, asthenia, etc. It means		A CONSEQUENCE OF:	
injury or complication which coused		11	
ANTECEDENT CAUSES	(a) Jenen	Heworkeye Gastnit	~
DISEASES OR CONDITIONS, if a	7. 3. 3	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost.	stoling the fuere	Toxama 2 to forge	eng !
	(C)		
OTHER SIGNIFICANT CONDITIONS COND		Surrey Coco L	1.0
I DISEASE OR CONDITION GIVEN IN PART	1 (A).	TOO A ALTO DOWN (V No. V. O.D. AP APE WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONE	ORMED Martin Type	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJURY (e.g., i hame, farm, foctary, street, at etc.)	n or obaut 21C. WHERE DID (If In Boltime line bldg., INJURY OCCUR?	ore City, give exact location)
O 21D. TIME (Month) (Day) (Year)	(Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Wark At Wark		
		ALCE P	3/6/65 19
22. I certify that (I) (this hospital)			
that (I) (we) lost sow the deceased	d olive on 3/4/68	19 ond that in (my) (our) of	oinion deoth occurred on the do
ond hour and from the couses state	ed obove. (I) (We) (did) (did not) v	iew the body ofter deoth.	
23A. SIGNATURE LA	Oho	nding Med. Staff Staff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	DEGREE	23 D. ADDRESS Home fol	of Manyland
24A. BURIAL CREMATION, 24B. DATE	DEGREE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION	City, tawn, ar county) (State)
REMOVAL (Specify)	0 1/4 4-1		
Burial 3/11/6 25A. DATE REC'D BY HEALTH DEPT.	8 Mt Auburn Cer 25B. NAME OF REGISTRAR	etry Boltimore	ADDRESS
MAR 12 1068 (0	On to D Fro On mo	A Halstead 1206 W	Werth Ave
VS 150-REV. 1/1/6B	Land C. and May and		



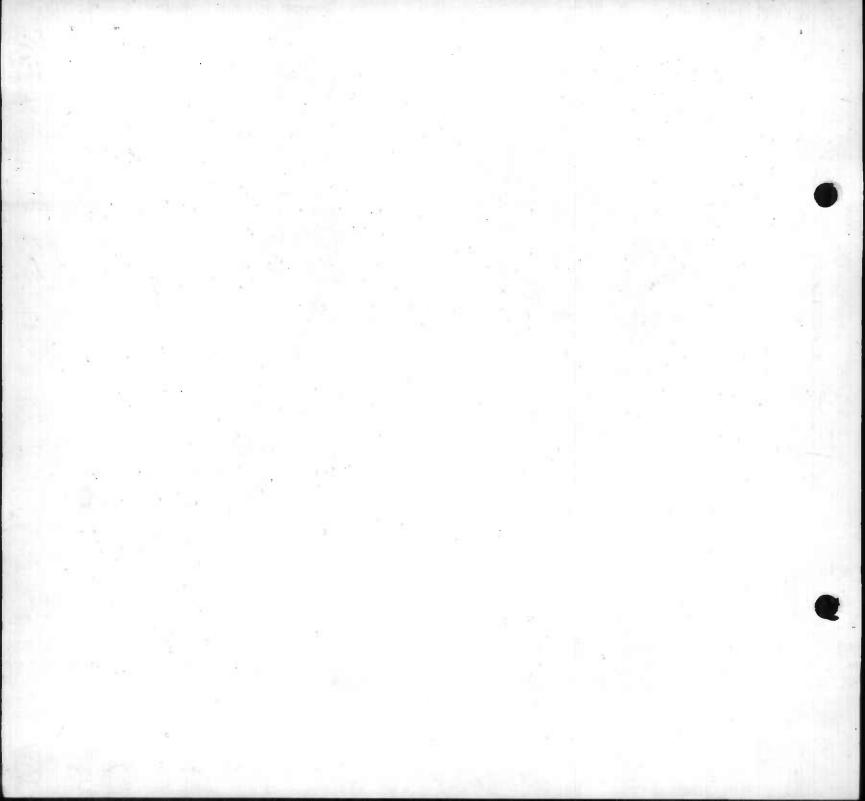
SAB -	51-06-25
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the beceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	HEALTH DEPARTMENT	CO 0700
68- 2793 CERTIFICA	TE OF DEATH REG. NO.	68- 2793
BIRTH NO.	2. DATE AND HOUR OF DEATH	
(Type or Print) Guy Lee Harold	3/9/1968	4.30 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institut A. STATE B. COUNTY	ian; residence befare admission)
HOSPITAL OR ADDRESS OR LOCATION) Baltimore City Hospitals		CITY LIMIT (2)
3/ 4940 Eastern Avenue	Baltimore VE	S X NO L
Baltimore, Maryland 21224	1208 McCubbin Court Apt.	81
5. SEX 6. RACE 7. MARRIED NEVER MARRIED MALE Negro WIDOWED DIVORCED	5-12-1891 9. AGE (In years last birthday) 76	Under 1 Yr. If Under 24 Hrs. anths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
done during most of working lite, even if relired)	North Carolina	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Harold	Lucy	
15. Was Deceosed Ever in U. S. Armed Farces? 16. SOCIAL (Yes,na ar unknawn) (If yes, give war ar dates af service) SECURITY NO.	17. INFORMANT	ADDRESS
	Records: BCH-4940 Eastern Ave	enue 21224
IB. / CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1-0	//
LEADING TO DEATH	Bothe Curanyma	5 months
(This does not mean the mode of dying, e.g., DUETO, OR'AS heart foilure, asthenio, etc. It means the disease,	A CONSEQUENCE OF:	
injury or complication which caused deoth.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if only, giving DUE TO, OR AS	A CONSEQUENCE OF:	4
UNDERLYING CONDITION lost. (C)	olimin	fronk
- 156.1 II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (nalify medical examiner) 218. PLACE OF INJURY (e.g., in hame, form, factory, street, and etc.)		y, give exact lacation)
DE INJURY (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Wark At Wark		
22. I certify that (I) (this hospital) attended the deceased from	2/2 1968 to 3/	9 19.68
that (1) (we) last saw the deceased alive an 3/9	19 6 8 and that in (my) (aur) apinion	death accurred an the date
and have and from the causes stated obave. (1) (We) taid (did not)		
23A. SIGNATURE	23B	B. DATE SIGNED
E. M. Hermonton DEGREE Phy	ending Med. Staff Phys.	3/9/68
22C PHYSICIANES	23D. ADDRESS Baltimore City Hospit	als
NAME (Type) E.M. Levinsohn	4940 Eastern Avenue, Baltimore	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		awn, ar county) (State)
Burial 3/13/68 Mt Calvary Co	metry A A County M	d
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
WAD 19 1069 A D 4 Q T. D	A Halstead 1206 W No	
THE SECOND STREET STREET		



E	-151)
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).	written approval must be obtained before the remains are embalmed or tinal disposition is made.
•	This certificate must be approved by the body was released to the hospi shows: (1) An accident of any nature was D.O.A. at a hospital (except w deceased prior to death); and (6) N	written approval must be obtained

	. 69_ 9	DALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	9
BII		794 CERTIFICA	TE OF DEATH	REG. 140	50- 2794
	NAME OF DECEASED DE PRINTED EL	ANS	2. DATE AN	1 - 68	11:00 A.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	* '	4. USUAL RESIDENCE (Whe	re deceased lived. If ins	titution; residence before admission)
	ILL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MO.		401
	OSPITAL OR ADDRESS OR LOCATION) STITUTION		C. CITY OR TOWN	and the same	DE CITY LIMITS?
)	annuersity of mo.	4.SPITAL	E. STREET AND NUMBER		YES NO NO
_		17030 11710	131 NORT	77 ASQUI	TH 21.
5.		IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (th years lost birthdoy)	Months Days Hours Min.
10/	WIDOV		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
do	ne during most of working life, even if retired)	The state of the s	MARYCA	1150	U.S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	MELUIN BEATT	- >	SHIRLEY	EUANIS	
ΙŚ. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Cunn	ADDRESS
		946	MOTHERS	CHARI	
	1B. 776.21	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Rrc Oin	Frony FAIL	1110 23min
	(This daes not mean the mode of dying,	(A) IMMEDIATE CAU		+1 01cy 11+16	URB COMM
	heart foilure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
	injury ar camplication which caused death.)				
	ANTECEDENT CAUSES	(R)			
	DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:		
	rise to the obove cause (A) slating UNDERLYING CONDITION last.	(C)			
	773.0 II	(-,			
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG HERATO	SPLENOME	CALY	THE RESIDENCE OF THE PARTY OF T
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	, –			NDINGS CONSIDERS
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obaut 21C. WHERE DtD	(If in Baltimare	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
MEDI	21 D. TIME (Month) (Doy) (Year) (Hourt OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
2	(APPROX.)	While At Work Not White At Work	e 🗋		
	22. I certify that (I) (this haspital) attend	ed the deceased fram	3 - 1 -	19 68 ta 3	-1 1968
	that (1) (we) last saw the deceased alive	an 3 - /	19 68 and th	at in (my) (aur) opin	ian death accurred an the da
	and haur and fram the causes stated abov				
	23A. SIGNATURE				23B. DATE SIGNED
	STELL IN BOIL	Phys	nding Med.	Staff Phys. X	3-1-68
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	rnys. *****	- 0
	23C. PHYSICYAN'S NAME Typet	26			
24.		C. NAME of CEMETERY OF CRE	EMATORY 24D. L	OCATION (City	, town, or county) (State)
	Burial (Specify) 3/11/68	Mt Auuburn C	Semetry B	altimere ,	Md
25.		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	A DATE RECIPIED AND A 12 1968 P. C.	b E. Farbuna	Adelphus Hal	stead 1206 W	North Ave
VS	150-REV. 1/1/6B				



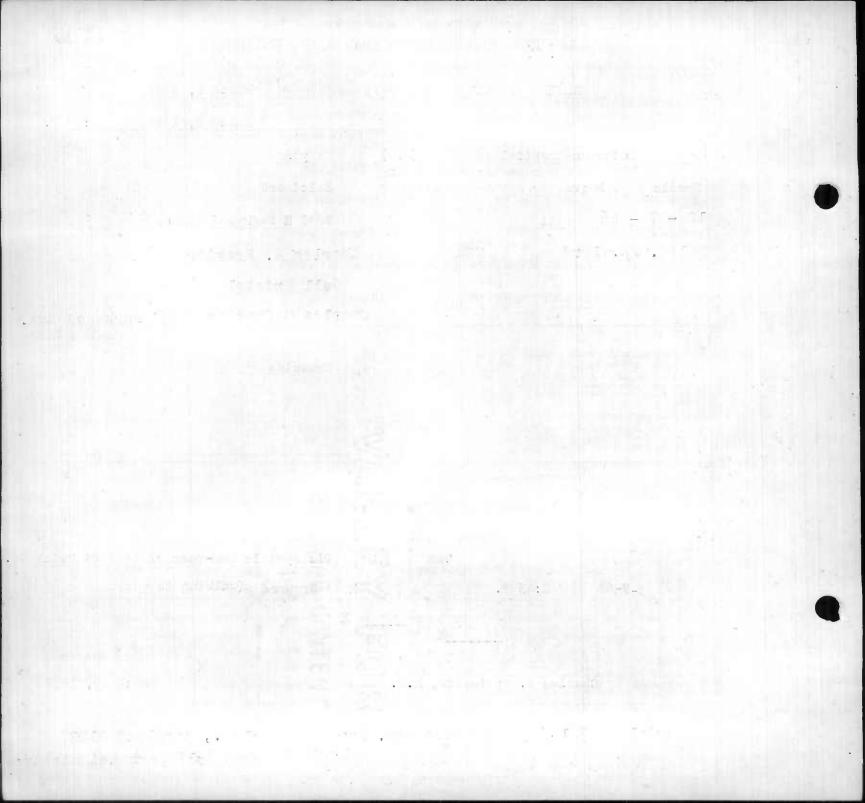
F.626

OMOS

RAITIMORE CITY HEALTH DEPARTMENT

	68- 21	NEDICAL	EXAMINER'S			DEATH	H REG NO	58-	2795)
BIRTH NO.							NEO. 140.2			
1. NAME OF DEC (Type or Print)	NAME OF DECEASED (ype or Print) EDWINA FRAZIER					Month March	9, 1968	Yeor	Hour	М.
4. PLACE IN BAL			ONOUNCED DEAD	3. DATE	Estimated	Month	Day	Year	Haur	141.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION					NCED DEAD SIDENCE (When		9, 1968		3:30	
46-	Lutheran	Hospital	(DOA	A. STATE	faryland		B. COUNTY		3-0	Y
6. SEX	7. RACE		ED NEVER MARRIED	7			D. INSIDE CI	TY LIMITS?		1
Female	Negro				Baltimore		VE	s X	NO 🗆	
9. DATE OF BIRTH	H 10.A	GE (In years	If Under 1 Yr. Il Under 24 Hrs.	19	ND NUMBER		1	2 621	110	
12 - 7	- 56 last b	irthday) 11	Months Days Haurs Min.		2837 N Pa	rlmood	Arronico			
	itate ar lareign cour		2. CITIZEN OF	13. FATHER		IKWOOd	Avenue			
			WHAT COUNTRY?							
14A.USUAL OCCU	Maryland PATION (Give kind o	I work 14B. KIND	OF BUSINESS OR INDUSTR	Cha:	rles G.	Fraz1	er			
sone during mast of w	varking lile, even il re	tired)		Ed	ell Bri	forte				
16. WAS DECEAS	ED EVER IN U.S. A	RMED FORCES	? 17. SOCIAL	IB. INFORM		0001	A	DDRESS		
(Yes, no ar unknawn)	(Il yes, give war or	dates of service)	SECURITY NO.	Char	Les G Fr	razian	2877	Damle	5000	A == =
110			CAUSE OF DEA		LUE G I	abioi	20)1	Park	PROXIMATE II	TERVAL
(This does n heart lailure injury ar con A! DISEASES (RISE TO THI UNDERLY!)	LEADING TO DEA' at mean the mode, osthenia, etc. It mei nplication which caus NTECEDENT CAUS OR CONDITIONS, E ABOVE CAUSE (NG CONDITION L	of dying, e.g., ans the disease, red death.) ES IF ANY, GIVING A) STATING THE	(B)	CAUSE I						
DISEASE OR	NFICANT CONDITION ATH BUT NOT RELATE CONDITION GIVEN	ED TO THE TERMIN IN PART 1 (A).	NAL							
20A. DATE OF	OPERATION 20B	CONDITION	FOR WHICH OPERATION W	AS PERFORM	ED				PSY? (Yes es	ar Na)
UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	NAL CAUSE WAS CAOR CONTRIB- USE OF DEATH. (Manth) (Day) 3-9-68	(Year) (Hour 2:45 P	MHILE AT NO AT	T WHILE X	Drowned	le Dam- NJURY OCCU (walk	rear of	water	Pickw	vick Rd
L. T.	ted fram: Natura	l causes 🗌	Accident X Suici		micide HIEF MEDICAL		ned manner [DATE SIG	NED
SIGNATI EXAMIN NAME (1	ER'S Char	les S. S	pringate, M.D.	D,	CIATE MEDICAL		□ M	larch :	10, 19	
24A. BURIAL CREA	MATION, 24B. D	ATE	24C. NAME of CEMETERY	ar CREMATO	RY 24D	LOCATION	(City, town	n, or county) (St	ote)
Buri		14/68	Arbutus Mem			alto.	Mary	land	21227	
25A. DATE REC'D	BY HEALTH DEPT.	68 R.C	AME OF RECEIPTAN	Le Le	UNERAL DIRECT	wynn 4	Ā	DDRESS	eight	e Ave

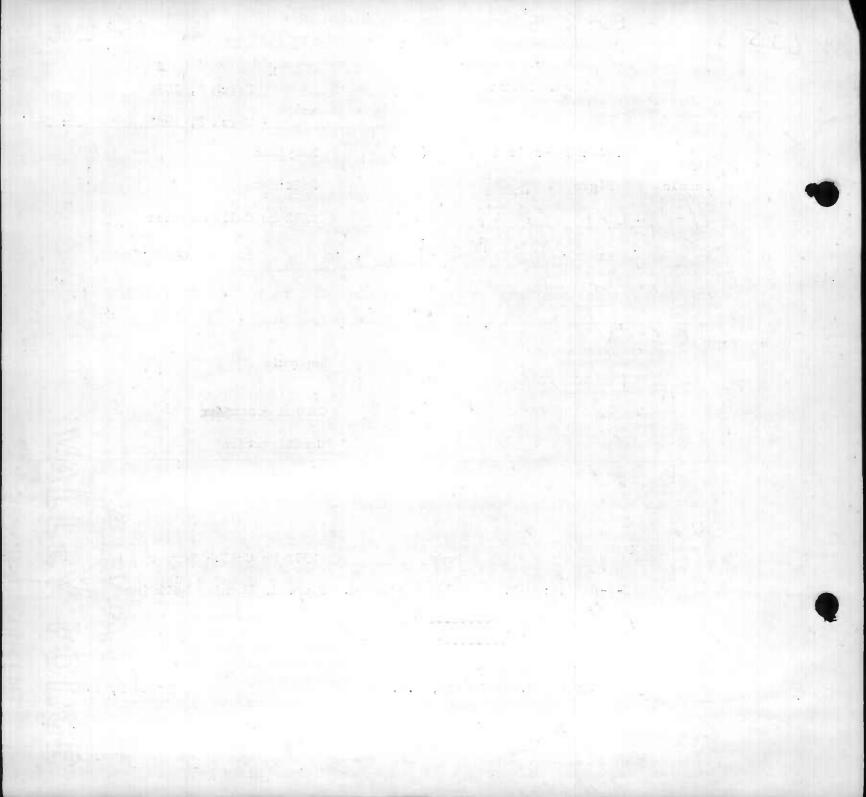
VS 151-REV. 1/1/68* **



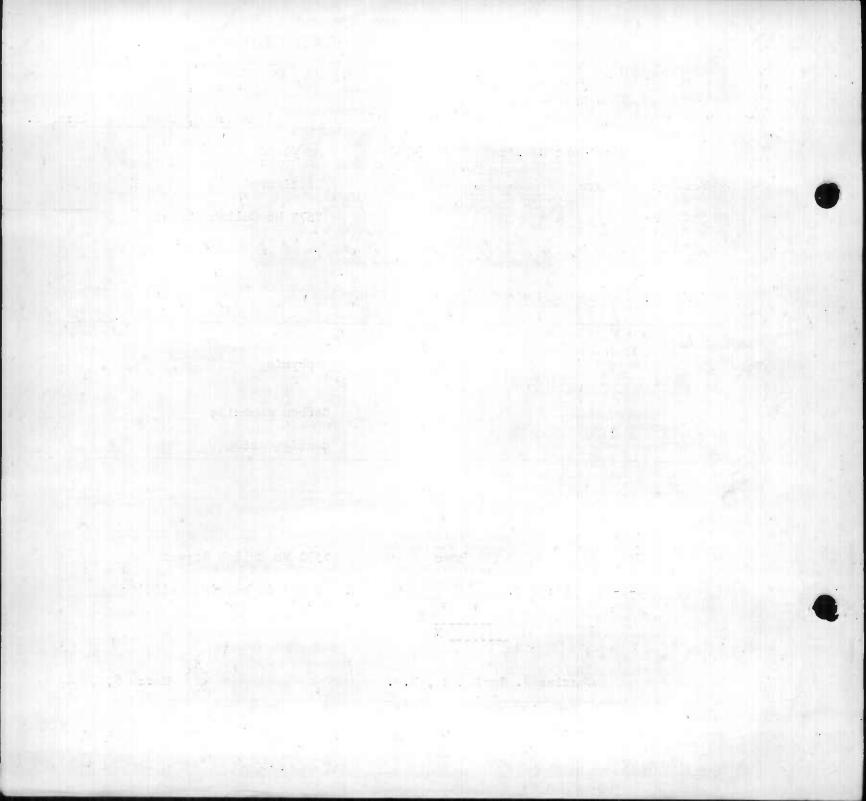
VS 151-REV, 1/1/6B

68- 2796 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 67	-23 025 ME	DICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	00	2796
1. NAME OF DEC				2. DATE	Known X	Manth	Day	Year	Haur
(Type or Print)	TOPA	Z MORT	ON	OF DEATH	Estimated		8, 1968		M.
4. PLACE IN BAI	LTIMORE, MARYLAND	WHERE PRO	NOUNCED DEAD	3. DATE		Manth	Day	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTI CATION)	TUTION, GIVE STREET		RESIDENCE (When	March deceased liv	8. 1968	residence b	11:35 M.
	Provident	Hospita	1 (DOA	. A. STATE	Marylan		B. COUNTY		
6. SEX	7. RACE	B. MARRII	D NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS?	
Female	Negro	WIDOWI			Baltimo	re	YES		NO 🗌
9. DATE OF BIRT	H 10. AGE last birth	day)	If Under 1 Yr. If Under 24 H Manths Days Haurs M	rs. E. STREET	AND NUMBER			1	703
11-19	-67		4			Cullol	Street		7 0 3
11. BIRTHPLACE	State ar fareign country	100	2. CITIZEN OF WHAT COUNTRY?	13. PATHER	R'S NAME	0	most	_	
14A-USUAL OCCL	JPATION (Give kind of wo	148. KIND	OF BUSINESS OR INDUS	TRY 5. MOTH	ENS MAIDEN NA	ME	100	12	
dane during makto	warking life, even if retire	d)		12	0		(and	1	
	ED EVER IN U.S. ARM		17. SOCIAL	18. HVKOR	MANT	2 - 2	AD	DRESS	
(Yes, no ar unknawn	(If yes, give war ar dat	es at service)	SECURITY NO.	1 tan	- on d	m	erton	-23	72mc C
19.	90Y.		CAUSE OF D	EATH				BETW	PROXIMATE INTERVAL
DISEAS	SE OR CONDITION DI	RECTLY							
	LEADING TO DEATH		(A)IMMEDIA	E CAUSE	Asphyxia				
heart failure	nat mean the made of e, asthenia, etc. It means mplication which coused	the disease,	DUE TO, O	DR AS A CONSE	QUENCE OF:				
	NTECEDENT CAUSES		(0)		Carbon m	onomidi	be		
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO,	OR AS A CONS	QUENCE OF:				
II UNDERLYI	NG CONDITION LAS	T.	(c)		Conflagr	ation			
O TO THE DE	O II NIFICANT CONDITIONS ATH BUT NOT RELATED R CONDITION GIVEN IN	TO THE TERMI		manus distributio de de di de de sej que sej que sej dife de propieto de la sej					
20A. DATE O	F OPERATION 208. C	ONDITION	OR WHICH OPERATION	WAS PERFOR	MED			21. AUTO	PSY? (Yes ar Na)
	DATAL CALLET MAS	10	28. PLACE OF INJURY(e	a la sa shaut	22C WHERE DID	(If in Rolling	a City siya ayar	No	
11/1	RNAL CAUSE WAS	Í	iame, farm, factory, street,	office bldg., etc.)	INJURY OCCUR?			. rocalion)	12 00
	(Manth) (Day) ('ear) (Haur	home	D	25/2 Mc		n Street		13+43
OF INJURY (APPROX.)		1:30 P.	WHILE AT -	TOT WHILE	Found in			ina	
23.	J-0-00 I	1.30 1.	m. WORK	I WORK Z	round II	Daring	ng bullu	IIIg	
	tify that I held on				ond that on	this bosis,	deoth in my	pinion	
resu	Ited from: Noturol	auses 🗌	Accident X Sui	cide 🗌 🕒	lomicide 🗌	Undetermi	ned monner		
	(1/)	1.5	1		CHIEF MEDICAL	EXAMINER			DATE SIGNED
ACTUA SIGNA	1 WOULLY	13 J.	Jogn (M.D. ASS	SISTANT MEDICAL	EXAMINER	LX.		DAIL SIGITES
EXAMIN NAME (NER'S Charl	es S. S	pringate, M.I	• ASS	OCIATE MEDICAL	. EXAMINER	Mar	ch 9,	1968
24A. BURIAL CRE		E	24C. NAME of CEMETE	RY or CREMAT	ORY 24D	LOCATION	(City, town	ar county) (State)
Sur (spec	3-1	2-68	mt and	Lun	0	Gal	timare	,	md
25A. DATE REC'E	BY HEALTH DEPT.	258. N	AME OF REGISTRATI	25%	FUNERAL DIREC	TOR	AL	DRESS	
	MAR 12 196	O Ulak	and a many	1	00	1 0 11) 0	-	0+21



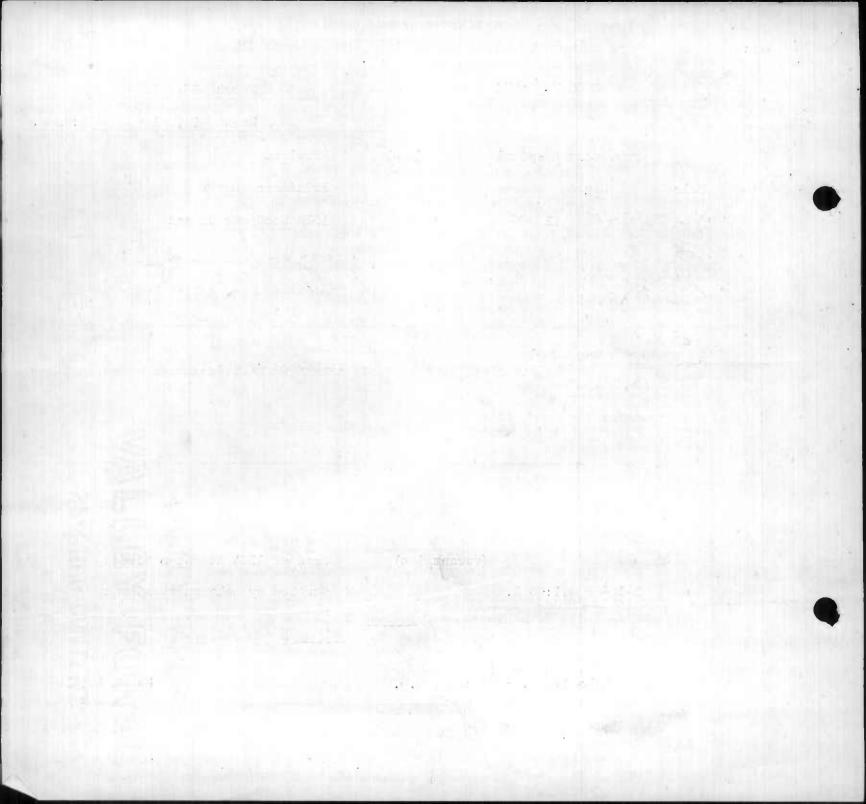
68- 2797 BALTIMORE CITY HE	OG OPPORT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 08- 2737
BIRTH NO. 64-03 48 /	2. DATE Known A Month Doy Year Hour
(Type or Print) JOANNE MORTON	OF DEATH Estimoted March 8, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD March 8, 1968 11:35 P.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
Provident Hospital (D)A)	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years Under 1 Yr. Under 24 Hrs.	Baltimore YES NO
2 - 9 - 6 V lost birthdoy) Months, Doys, Hours, Min.	2572 Mc Gulloh Street
11. BIRTHPHACE(Stoje or foreign country) A 12. CITIZEN OF	13. FATHER'S NAME
LS Tim Me M WHAT COUNTRY?	Taymond Morton
14A USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y S. MOTHER'S MAIDEN NAME
done during they of working life, even if retired)	Claudie Harrad
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 50 of peknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
//0	Claymond Morton- 2572 Mc Culloh ST.
I CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE (DUE TO OR	CAUSE ASPHYXIA AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	Carbon monoxide
	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	Conflagration
O II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
O A	
₹22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in 80ltimore City, give exect location)
UNDERLYING CONTRIBUTING CAUSE OF DEATH.	Le bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 3-8-68 11:30 P. m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WORK Tound in burning building
23.	
I certify that I held an Inquiry Inspection X Au	
resulted fram: Natural causes Accident Suici	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
ACTUAL ()	ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S Charles S. Springate, M.D.	J
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
12-68 mt (1	when Saltimore Md
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAL	ADDRESS ADDRESS
MAR 12 1968 Poleut 2. Janes, 1	: (Surnell S. Oden - Balto, md.)
VS 151-REV. 1/1/68	V



VS 151-REV. 1/1/6B

68- 2700

BIRTH NO.	MED	ICAL EX	AMINER'S	JEK HIFI	CATEO	DEAT	H REG. 1	10	RIOC	
I. NAME OF DEC				2. DATE	Known 🔼	Month	Doy	Year	Hour	
(Type or Print)	GEORGE (OF DEATH	Estimoted	March	10,	1968		М.		
	TIMORE, MARYLAND, V			3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA		ESIDENCE (Whe	March	10,	1968	1:25	A _M .		
	Provident Ho	spital	(DOA)	A. STATE	Maryland		B. COUN	TY		i -
SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSID	E CITY LIMITS?		
Male	Negro	WIDOWED	DIVORCED		Baltimor	e		YES X	NO 🗆	
9. DATE OF BIRTH	1945 10. AGE (III)		er 1 Yr. ff Under 24 Hrs. s, Doys, Hours, Min.	E. STREET	1370 Woo	dyear S	Street	15	-0	1
1. BIRTHPLACE (S 4A.USUAL OCCU lone du momostor v	tote or foreign country) time v PATION (Give kind of work (grking life, even if retired)	nd to	TIZEN OF HAT COUNTRY? USINESS OR INDUSTR	13. FATHER	'S NAME		0	avis 1 4		_
	ED EVER IN U.S. ARMED		7. SOCIAL SECURITY NO.	18, INFOR	MANT		uc	ADDRESS	1	
10	(703) give wor or doles		32001111110	Low	se Wo	Imley	-13	51 WO	vel 21	ears
19. E 96	6 X		CAUSE OF DEA	TH		()			PPROXIMATE INT	
AIDISEASES GRISE TO THE UNDERLYIN OTHER SIGN TO THE DEL DISEASE OR	ot mean the made of dy , osthenio, etc. It means the nplication which coused de- NTECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST. II IIIIICANT CONDITIONS CONTINON OF THE NOT RELATED TO CONDITION GIVEN IN P. FOPERATION 208. COI	e disease, ooth.) Y, GIVING TING THE ONTRIBUTING THE TERMINAL ART 1 (A).	(B)		QUENCE OF:			21. AUTC	DPSY? (Yes or	No
7									Zes .	
UNDERLYING UTING CA	NAL CAUSE WAS CONTRIBUSE OF DEATH. (Month) (Doy) (Yeo 3-10-68 1:	r) (Hour) 22	ACE OF INJURY (e.g., form, foctory, street, offic vacant lot) E. INJURY OCCURRED HILE AT NOT AT V	e bldg., etc.)	22C. WHERE DID NJURY OCCUR? Read of 22F. HOWDID II Stabbed	1384 St	ockto	n Street	15	= 0
I cert	URE Charles		sident Suici	ASS	ond that on omicide X CHIEF MEDICAL ISTANT MEDICAL DCIATE MEDICAL	Undetermi EXAMINER EXAMINER		er 🗌	DATE SIGN 10, 19	
24A. BURAL CREA	MATION, 24B. DATE	25B. NAME C	NAME of CEMETERY	other	FUNERAL DIRECT	Bala TOR	(City,	ADDRESS) (Stote	· f



68-	2799

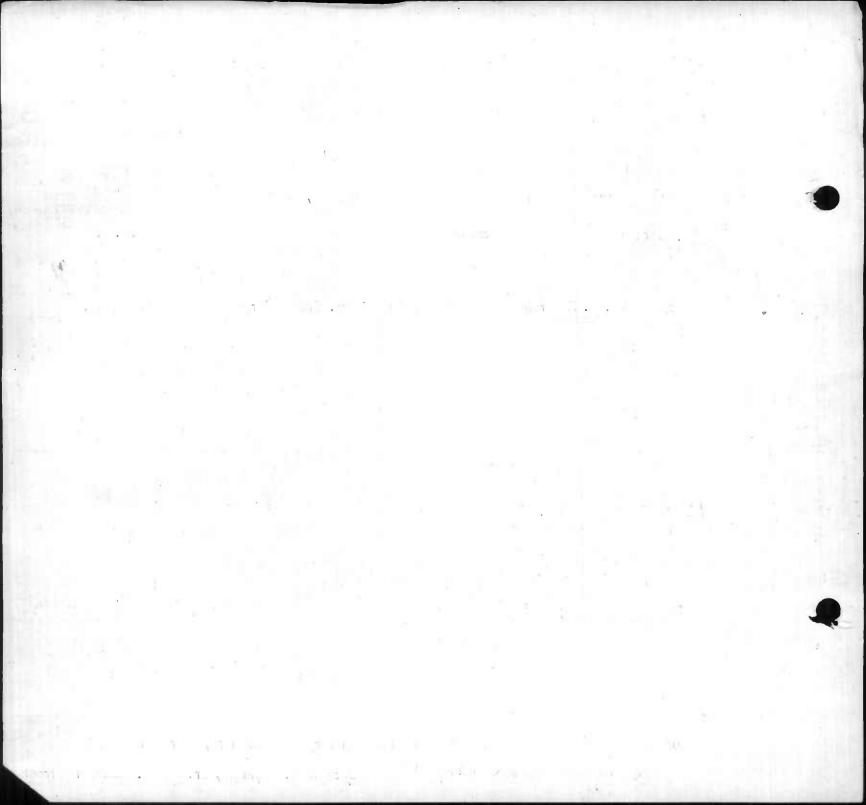
	68- 2	rygg	BALTIMORE CITY	HEALIH DEPAKIMENT		00-2733
	00 4	1800	CERTIFICA	TE OF DEATH	REG. NO	
BIRTH NO.						
.NAME OF DECE	ASED M	CHF	+ R L E S	MORGAN DATE	3.11,6	7,45 A
B. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W.	here deceased lived. If JNTY	institution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	209 S, ROBI		ISIDE CITY LIMITS?
CHURCH	HOME AND HO	SPITAL		BALTIMORE		YES NO NO
	BROADWAY	IID		MARYLAND	21224	
BAITT			X_			
Male	White	7- MARRIED WIDOWED		June 20, 1924	9. AGE (In years lost birthdoy) 43	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
		108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTE
Clerk	orking life, even if retired)	Es	sskay	ALA		U.S.A.
FATHER'S NAM	E			14. MOTHER'S MAIDEN N	AME	
JAMES M	ORGAN			MYRTLE WALL	LACE	
. Was Deceased	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	W.W.II Ar		423214-2175	Mrs. Chloe M	organ 8209 (Cornwall Rd.
injury as camp A DISEASES OF rise to the	sithenia, etc. II means licotian which coused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION lost.	death.) any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	IR RHOS	21.
TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO THE NOTION GIVEN IN PARTICISM 1988. CON	HE TERMINAL T 1 (A). DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES. WERI	E FINDINGS CONSIDERED
2-27 21A. ACCIDENT	· 68 WAS PER	ORMED	CIRRHOSI		IN CERTIFYING C	CAUSES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF] 218 hon etc.	ne, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)
	(Month) (Doy) (Year)		INJURY OCCURRED nile At Not While At Work	21 F. HOW DID II	NJURY OCCUR?	4.6
	hat (1) (this haspital ast saw the decease		2 10	2 - 2 7 19 6 8 and	1960 ta	3 · 1 19 05 plnian death accurred on the da
and haur and	fram the causes stat	ed abave. (l) (We) (did) (did nat) v	iew the bady after deoth		
23A. SIGNATUR	L 1/2.	ruly	Phys	nding Med.	Staff Phys.	3. 11. 68.
23C. PHYSICIAN		1	GEGREE	23D. ADDRESS		
AA RIIDIAI CDEA	ATION 24P DATE	10.4C N	AAAE OL CEAAETERY OF CRE	MATORY	LOCATION	Cit. 1
Parial CREM REMOVAL (Sp	3/21/68		AME OF CEMETERY OF CRE		altimore, Mar	(Storyland

25A. DATE REC'D BY HEALTH DEPT.
MAR 12 1968

PLEAD E TOWNER

Joseph N. Zannino, Jr. 263 S. Conkling Str

VS 150-REV. 1/1/68



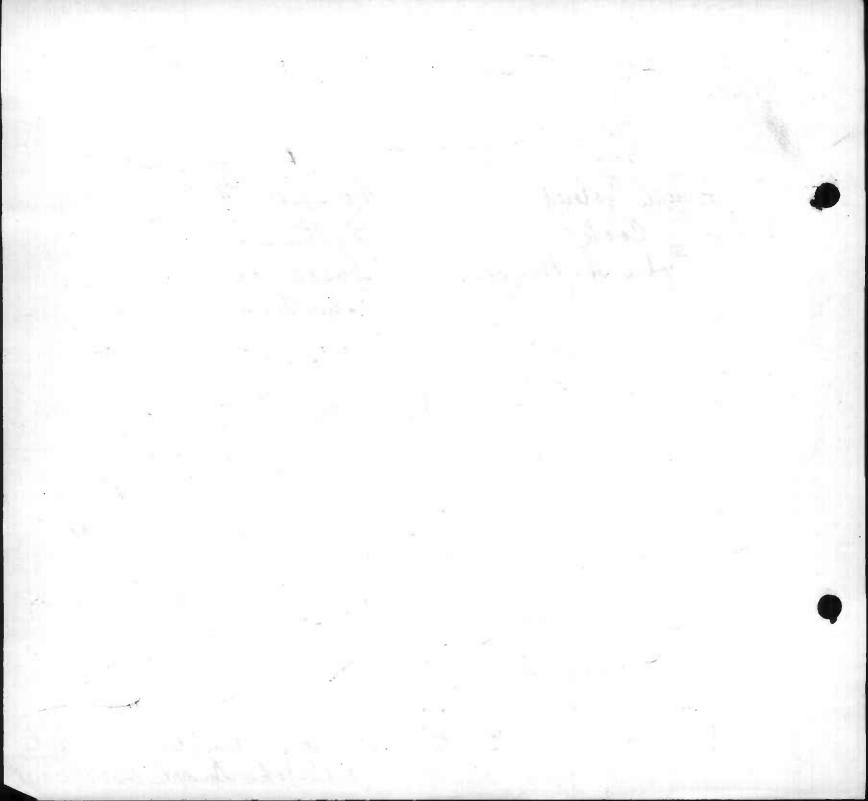
BII	RTH NO.	REG. NO.	
1.	NAME OF DECEASED	2: DATE, Known Manth Day Year Hour	
(IA	CALVIN STEWART	OF DEATH Estimoted 3 11 68 9.30 a.M.	
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour	
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD March 11 1968 9:30 a M	
OR	SPITAL ADDRESS OR LOCATION) INSTITUTION	5. USUAL RESIDENCE (Where deceased lived: # institution: (esidence before admission)	-
		A. STATE B. COUNTY	
	Johns Hopkins Hosp. D.O.A.	Maryland	-
0.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	
M	ale White WIDOWED DIVORCED	Balto. YES X NO	-
	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days; Hours; Min.	E. STREET AND NUMBER	1
1	7. We 27 1913 54	2114 Ashland Ave.	5
17	BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF	13. FATHER'S NAME	
1	WHAT COUNTRY?	2111in STORMITE	網
144	LUSUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR)	VIS MOTHER'S MAIDEN NAME	
	e during mast of warking life, even if retired)		
Ci	AS SPATION HELPEHUAS. SPATION	Anna Kerber	54
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na ar unknown) ((f yes, give war ar dates af service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	133
, ,	YES 17.122. II Army 217-09-2361	Mrs. Adice Slesson 214 Hohdans	ky.
	19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND OFATI	
	Arte	riosclerotic Cardiovascular Disease	9
	LEADING TO DEATH		
	(A)IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:	
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	AS A CONSEQUENCE OF.	
	injury of complication which caused dealin.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
_	I IINDERLYING CONDITION LAST.		
Ιδ	(C)		-
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
유	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)	-
8	A CONDITION OF WHICH OF EXAMENT OF		
1	2	YES	
ა	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- 22B. PLACE OF INJURY(e.g., hame, form, factory, street, affic	in or about 22C. WHERE DID (If in Baltimore City, give exact location) te bldg., etc.) INJURY OCCUR?	
MEDIC,	UTING CAUSE OF DEATH.		
Σ		22F. HOW DID INJURY OCCUR?	
		WHILE WORK	
	23.		
	I certify that I held on Inquiry Inspection Au	topsy X and that on this basis, deoth In my opinion	
	respired from: Natural coases Accident Suicid	de Homicide Undetermined manner	
	less flow flow colored colored for the colored flow flow flow flow flow flow flow flow	CHIEF MEDICAL EXAMINER	
	ACTUAL OF A A A A A A A A A A A A A A A A A A	DATE SIGNED	
	SIGNATURE M.D.		
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
-	NAME (Type) Edward F. Wilson, M.D.	March 11, 1968	
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
V	1 11 16 10 10	0T 11 V 1T	
	July 10 h J-W-67 I William to	16 Haba Como Aby 1 South 1 Marche 1 Mari	
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	16/10hal Cempthy Dallimore Ind'	-
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	a transfer services and the services are the services and the services are	
25		A LIDICA CELEBRA	M.

CIPITE STATIS Collimone SI.S. A. C. IS SHOWITLEST CAS STATION HOLMS CHS STATION PAINS HER DEL IN HIS THEST & SOLD ENTY HELPONIA WOULD IT ISSES OR SHART LIKE WEGGED LINE TO THE POPULATION POPULATION Laidue 1 HOTTLEY MOTHER SARY 32 LOFE

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE C	ITY HEALTH DEPARTMENT REGING 68- 2801
1-925 68- 2801 CERTIFIC	ATE OF DEATH REG. NO. DO COUL
BIRTH NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) LAURG. TIJ GHMAI)	march 10/18/ 12.15 hm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A COUNTY
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
2103 AwarDale 20	Dattered YES NO
BCII - 1, Souther 120.	E. STREET AND NUMBER
00 sultimole ma.	2103 allendale d
S. SEX 6. RAGE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
terrale laked WIDOWED DIVORCED	JUCK 271893 75
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of werking life, eyen if refired)	TRY 11. BIRTHPLACE (Store of foreign country)
Cook	Constance Share
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Denson	Sugar Colyani
15. Was Deceased Ever in U. S. Armed Forces? Yes, no. Junknown (If yes, give wor or dates of service) SECURITY NO.	17, INFORMANT ADDRESS
(Tes, no of the solution of th	John of Harristan Ed + 11.
18. 44 O DE CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE THE ANT + CILLIA !
	AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES	Centusian Hytersslers.
DISEASES OR CONDITIONS, it any, giving tise to the above cause (A) stating the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
444X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	190A AUTORIO (V N.) 200 IF VEC WERE PHONES CONSIDERS
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID ((If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.) Work At W	ork 🗆
22. I certify that (I) (this haspital) attended the deceased fram	19 10 mm 19 19
tha (1) (we) last saw the deceased alive an	19 and that in (my) (our) aplaian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did not	r) view the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
	Attending Med. Staff Director Phys. 3
23C. PHYSICIAN'S NAME (T)pe)	23D. ADDRESS
GARFIELD D. KINGTON M.D. OEG	848 Harlem Ave. Baltimore 21201
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	
Mas 14/1/2 1910+5 7	10. (Enota) Buttone ml
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 12 1968 Relieb E. talleyma	7. Broke of August Clilla M. Com in

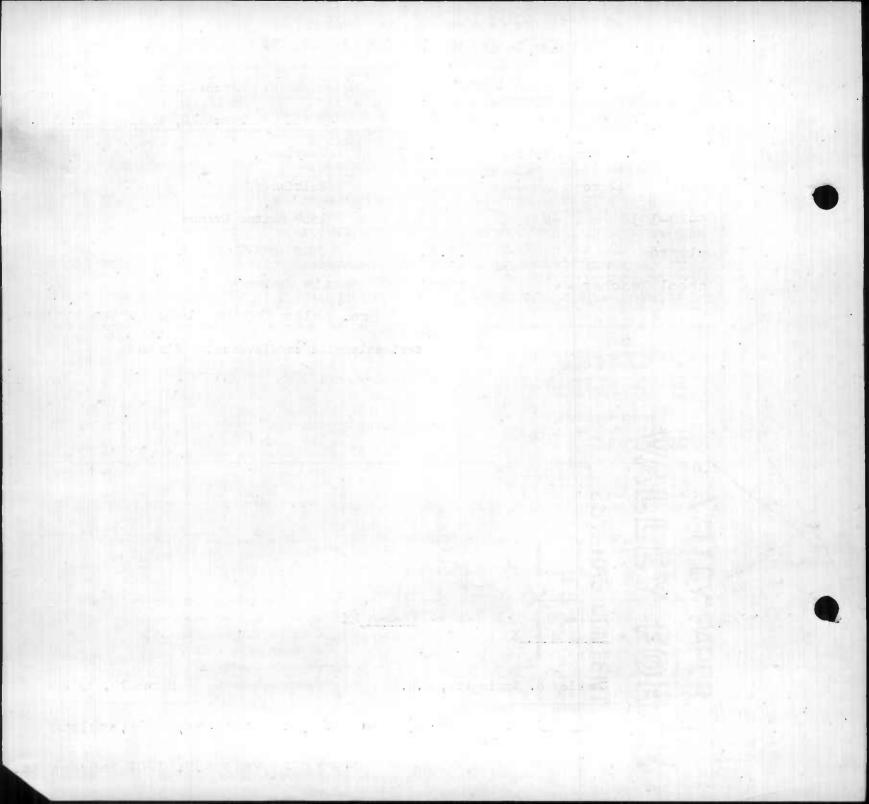


68- 2802 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
		CTIVIII ICITIL	OI DEMINI

MEDIC.	AL EXAMINER'S	CERTIFICATE	OF DEATH REG. NO	68- 2802
1. NAME OF DECEASED (Type or Print) JAMES HARV	EY THOMAS	2. DATE Known 2 OF DEATH Estimoted	- 24 1 10 1	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHER FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION 4. PLACE IN BALTIMORE, MARYLAND, WHER FULL NAME OF ADDRESS OR LOCATION ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	3. DATE PRONOUNCED DEAL	Month Doy	141-
St. Agnes Hospi	tal (DOA)	A. STATE Maryla	and B. COUNTY	
	NEVER MARRIED DOWED DIVORCED	c. CITY OR TOWN Baltin	oore S	YES NO
9. DATE OF BIRTH 10. AGE (In year last birthday)		E. STREET AND NUMBI		
11. BIRTHPLACE (State or foreign country) Delware	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	HENRY THOMAS	
14A.USUAL OCCUPATION (Give kind of work 14B. I dane during mast of working life, even if retired) School Teacher	School	15. MOTHER'S MAIDEN Hattie Ke		
16. WAS DECEASED EVER IN U.S. ARMED FOI (Yes, na or unknown) (If yes, give war ar dates af se	RCES? 17. SOCIAL SECURITY NO.	Mrs. Helen		ADDRESS Ruxton Avenue
LEADING TO DEATH (This does not mean the mode of dying, heart failure, esthenia, etc. If means the diseinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 20A. DATE OF OPERATION [20B. CONDITIONS]	(B)	AUSE IS A CONSEQUENCE OF: AS A CONSEQUENCE OF:		
		AS PERFORMED		21. AUTOPSY? (Yes or No) Yes
OF INJURY (APPROX.) 23. I certify that I held an Inqui resulted from: Natural causes ACTUAL SIGNATURE	hame, farm, factory, street, affici	WHILE 22F. HOW DI TOPSY And that CHIEF MEDIC ASSISTANT MEDIC	an this basis, death in my Undetermined monner CAL EXAMINER	y opinion
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 3-13-68	24C. NAME of CEMETERY Balto. N	or CREMATORY at'l Cem.	24D.LOCATION (City, town Baltimore,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	25C. FUNERAL DI	RECTOR DYETT F.H. 1	ADDRESS 701 Laurens

VS 151-REV. 1/1/68



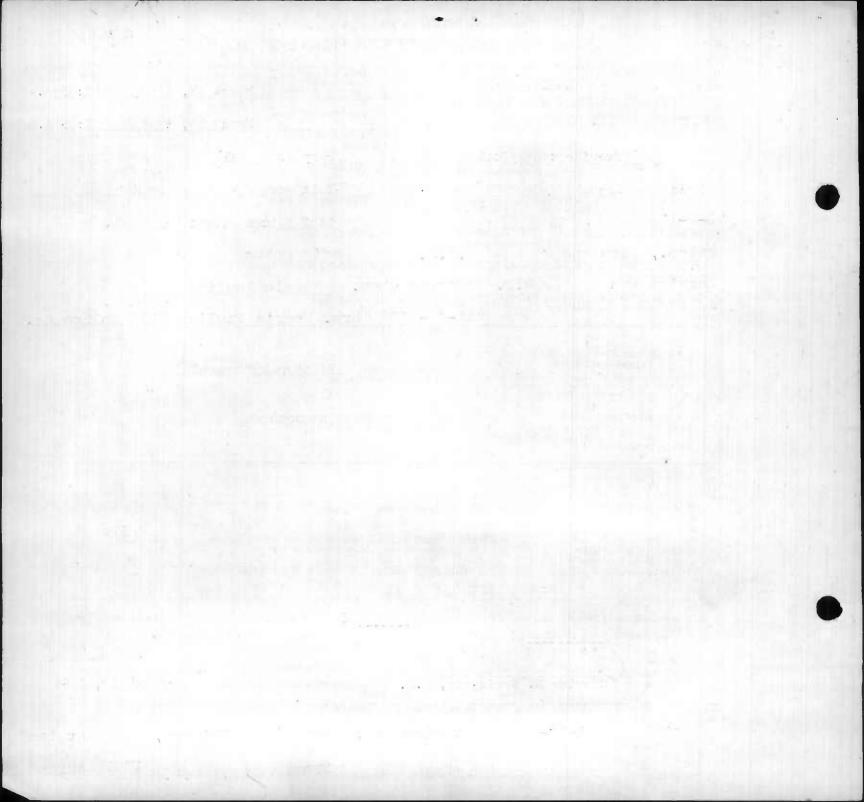
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68- 2803 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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-			galle.	40. 400

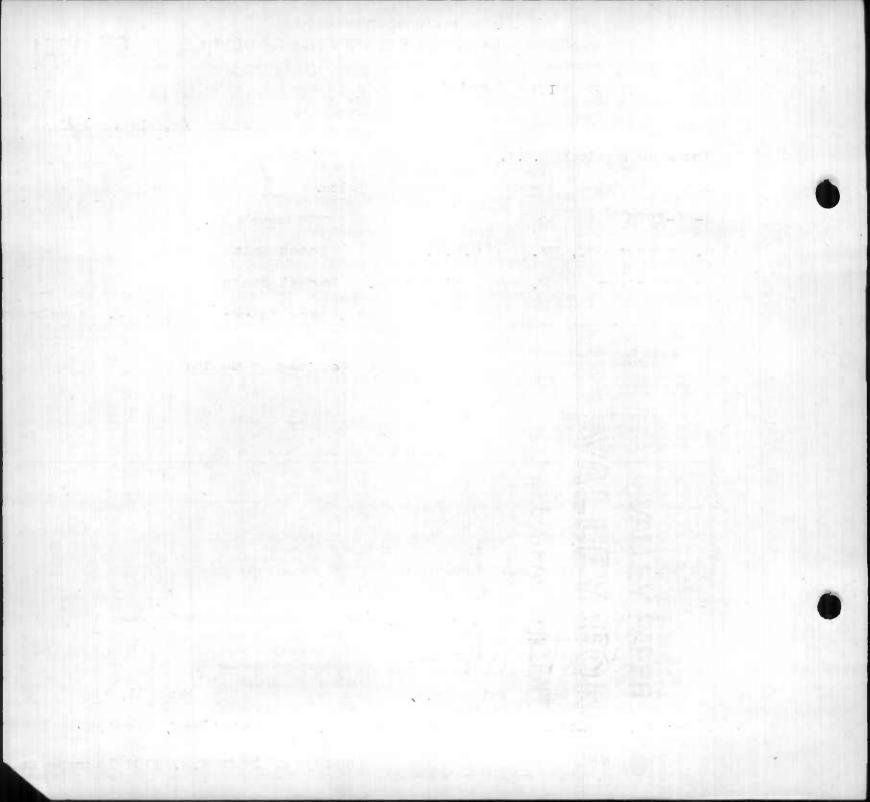
BIRTH NO.					0, 1,1 = 0,1	D L/ ()	REG. NO			
1. NAME OF DECE		E.		2. DATE	Known X	Month	Doy	Yeor	Hour	
(Type ar Print)	LOU	IS M	EANS	OF DEATH	Estimoted	March	10, 1968	3	1:35	A . M
4. PLACE IN BALTIA	MORE, MARYLAND,	WHERE P	RONOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour	LI WIL
FULL NAME OF	(IF NOT IN HOSP	TAL OR IN	STITUTION, GIVE STREET	PRONOL	JNCED DEAD	M1-	10 1000	2	1.25	
HOSPITAL OR INSTITUTION	ADDRESS OR LOC	(NOITA		5 HEHAL P	ESIDENCE (When		10, 1968		1:35	A.M.
				A. STATE	ESIDEIACE (Mile)	e december ii	B. COUNTY	residence o	Martin Collins	Ston
	Provident				Maryland			2	50	1
6. SEX 7	. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CH	Y LIMITS?		
Male	Negro	WIDO	WED DIVORCED		Baltimore		YES	X	NO 🗆	
9. DATE OF BIRTH	10.AGE		If Under 1 Yr. If Under 24 Hrs.		ND NUMBER					
2-8-1948	lost birtho		Months, Doys, Hours, Min.		0100 D-14	Chan	4-			
	20 te or loreign country)		12. CITIZEN OF	13. FATHER	2102 Bolt	on Stre	eet			
			WHAT COUNTRY?							
Balto., 1		11. 10. 11.	U.S.A.		vid Mea					
done during most of wo	rking lile, even if retired		D OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
Service 1	Man	A.1	D. Anderson Cl	hev.	Maggie	Pauli	ing			
	EVER IN U.S. ARM		S? 17. SOCIAL	18. INFORA				DRESS		
res, no or unknown) (I	If yes, give wor or dote	s or servic	215-46-7108	8 Mrs	. Maggie	Paul	ling 210	11 B	olton	C+
19. 5 0 11	0		CAUSE OF DEA		· Maddi	- rau	LING ZI		PROXIMATE IN	TERVAL
1007	171							BETW	EEN ONSET A	ND DEATH
	OR CONDITION DIR	ECTLY								
	ADING TO DEATH		(A)IMMEDIATE		Bilateral	pneumo	onia			
heort foilure, o	mean the mode of easthenia, etc. It means t	ne diseose,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
injury or comp	lication which caused d	eoth.)								
4.517	TECEDENIT CALLES		· · · · ·			1/5				
	TECEDENT CAUSES R CONDITIONS, IF AI	AN CIVINO	(8) ON DUE TO, OR	AS A CONSE	narcotic	S				
RISE TO THE	ABOVE CAUSE (A) ST	ATING TH								
Z	G CONDITION LAST		(c)	****					adireks akrálistas és és élévés és élévés és élévés élé	
2323X	II									
OTHER SIGNIF	FICANT CONDITIONS									
DISEASE OR C	TH BUT NOT RELATED TO CONDITION GIVEN IN									
OTHER SIGNIF TO THE DEAT DISEASE OR C	OPERATION 208. CO	ONDITION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
0 7								**		
Z 22A. EXTERN	AL CAUSE WAS		228. PLACE OF INJURY (e.g.,	in or about 2	2C WHERE DID	(If in Boltimo	re City give exec	Yes		
UNDERLYINGE			home, form, foctory, street, office	e bldg., etc.)	JURY OCCUR?	(II III doniiilo	re city, give exoc	100011011)		
B UTING □ CAU										
OF INJURY	tonth) (Doy) (Ye	ar) (Ho			2F. HOW DID IN	IJURY OCC	UR?			
(APPROX.)				WHILE WORK						
23.										
I certif	y that I held an	Inquiry	Inspection Au	itapsy 🔀	and that an	this basis,	death in my o	pinian		
resulte	d fram: Natural co	uses X	Accident Suicio	de Dah	micide	Undetermi	ned manner	1		
1030110	01 0	1	Control of the control		CHIEF MEDICAL			•		
ACTUAL	(1/1.)	.	1						DATE SIGN	NED
SIGNATUR	RE Man	٠.	M.C),	STANT MEDICAL		X			
EXAMINER		S. S	pringate, M.D.	ASSC	CIATE MEDICAL	EXAMINER	☐ Mai	ch 10	, 1968	8
NAME (Ty										
24A. BURIAL CREMA REMOVAL (Specify			24C. NAME of CEMETERY	ar CREMATO	DRY 24D	LOCATION	(City, town,	or county)	(Sto	te)
Burial		3-68	Arbutus	for D-	n sole	Della	1		24.	
25A. DATE REC'D B			Arbutus M		TINERAL DIRECT		imore,	DRESS	Mary	rland
			TAME OF REDISTRAK	230.	OINERAL DIRECT	OK	AU			
3.35	AR 12 1968	0.50	m. 15 8 Fro. Che. M.S.	Mo	DRTON &	DVE	1 779 77	1701	Laur	ene
VS 151-REV. 1/1/68		410-			THE TAX		r.H.			



5-538 46 99

		MED	ICAL	EX	CAMINER'S	CERTIFI	CATE	OF DEAT	H REG. NO	- 68	- 280
BIRTH NO.	EACED					DATE	v F	1 144		V	G.
(Type or Print)		e ove	7717	(D:	avid)	2. DATE OF	Known [Doy	Yeor	Hour
4. PLACE IN BAL	GEORGI			,		DEATH 3. DATE	Estimated	□ <u>3</u>	10	68 Yeor	3:35 p
FULL NAME OF					N, GIVE STREET		UNCED DEAD		Day	Teor	Madi
HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCA	TION)		11, 01. 2 011(22)			March	10.	1968	3.35 p
OK INSTITUTION						A. STATE	RESIDENCE (V		B. COUNTY	residence	before odmission)
Lutherar	Hosp:	ital :	D.O.A.				Mary1				
6. SEX	7. RACE		8. MARRI	ED [NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS?	distance.
Male	Color	ed	WIDOW	ED [DIVORCED [Ba1	to.		1 yes	s 🗆 x	No.
9. DATE OF BIRT	Н	10. AGE (II		If Und	der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBE	R	16	/	2
8-29-19	05	last birthda	2	Mairin	is buys 1 mons 1 min.		2549 La	invale St	. / 0		
11. BIRTHPLACE (S	state or foreig	n country)	1		TIZEN OF	13. FATHER	'S NAME				
N. Hamp	ton Co	o V	a.	W	HAT COUNTRY?		Moses	Smith			
14A.USUAL OCCU	PATION (Give	e kind of work			USINESS OR INDUSTR	15. MOTH	R'S MAIDEN	NAME			
done during mast of v		en if retired)	7 T.	zn n	Frieght C	in-	Rachel	James			
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	?	17. SOCIAL	18. INFOR			AD	DRESS	
(Yes, no or unknown	(If yes, give w	var or dates	af service)		SECURITY NO.		Mary	Cooper	253		Lanval
110 (4 (,				CAUSE OF DEA		rary	COOPEL	25.		PPROXIMATE INTERV
1602	1/1				CAUSE OF DEA	In .					VEEN ONSET AND DE
	E OR COND		CTLY								
	LEADING TO				(A)IMMEDIATE	CAUSE C	arcinoma	of the	lung		
(This daes n	ot mean the , asthenia, etc.	mode of dy	ing, e.g.,		DUE TO, OR		QUENCE OF:				
injury or cor	mplication which	h coused de	oth.)								
		CAUCEC									
	NTECEDENT OR CONDITION		GIVING		(B)DUE TO, OR	AS A CONSI	QUENCE OF:				
RISE TO TH	E ABOVE CAL	USE (A) STA	TING THE								
Z	40 COMPIN	ON LASI.			(C)				-		
E 163X		11									
OTHER SIGN	NIFICANT CON	RELATED TO	THE TERMI	NAL							
DISEASE OF	CONDITION										- 40
OTHER SIGN TO THE DE, DISEASE OR 20A. DATE OF	F OPERATION	1 20B. COI	NDITION F	FORV	WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes ar Na
											YES
22A. EXTER	NAL CAUSE		12	22B. P	LACE OF INJURY (e.g., form, foctory, street, affic	in ar about	22C. WHERE I	OID (If in Baltima	ire City, give exac	t lacatian)	
UNDERLYING CA			Tell	nume,	iorm, rodory, sireer, ame	e blag., etc.)	HOOKI OCC	/K:			
≥ 22D. TIME		ay) (Yeo	r) (Hour) 22	E.INJURY OCCURRED		22F. HOW DII	INJURY OCC	UR?		
OF INJURY (APPROX.)						WHILE					
23.				m. W	ORK L AT V	VORK []					
	rify that I h	eld an I	naulry [7	Inspection Au	KX vansy	and that	an this basis	death in my	aninian	
									_		
resul	ted rom: N	atural cau	ses#	Ac	cident Suici	de 🔲 H	amicide 🔲		ined manner L		
ACTUAL	121	111		IA	118		CHIEF MEDIC	AL EXAMINER			DATE SIGNED
SIGNAT		NV	()	V	1/2 M.D	ASS	ISTANT MEDIC	CAL EXAMINER	X		
EXAMIN	IER'S					ASS	OCIATE MEDIC	CAL EXAMINER			
NAME (d F.		lson, M.D.				March		
24A. BURIAL CRE REMOVAL (Spec	MATION, 2	4B. DATE		240	. NAME of CEMETERY	or CREMAT	ORY	24D. LOCATION	(City, tawn,	ar county) (Stote)
Buria		3-14-	68		Mount Aubi	arn Ce	m.	Balti	Lmore,	Mary!	land
25A. DATE REC'D				AME	OF REGISTRAR		FUNERAL DIE			DDRESS	
	MAR 1	Z 1968	102.0.	w. f.	F. E. Frederick	WC	KION 8	DYETT	F.H. 1	/01 1	Laurens
VS f51-REV. 1/1/6			-6-4	-							

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

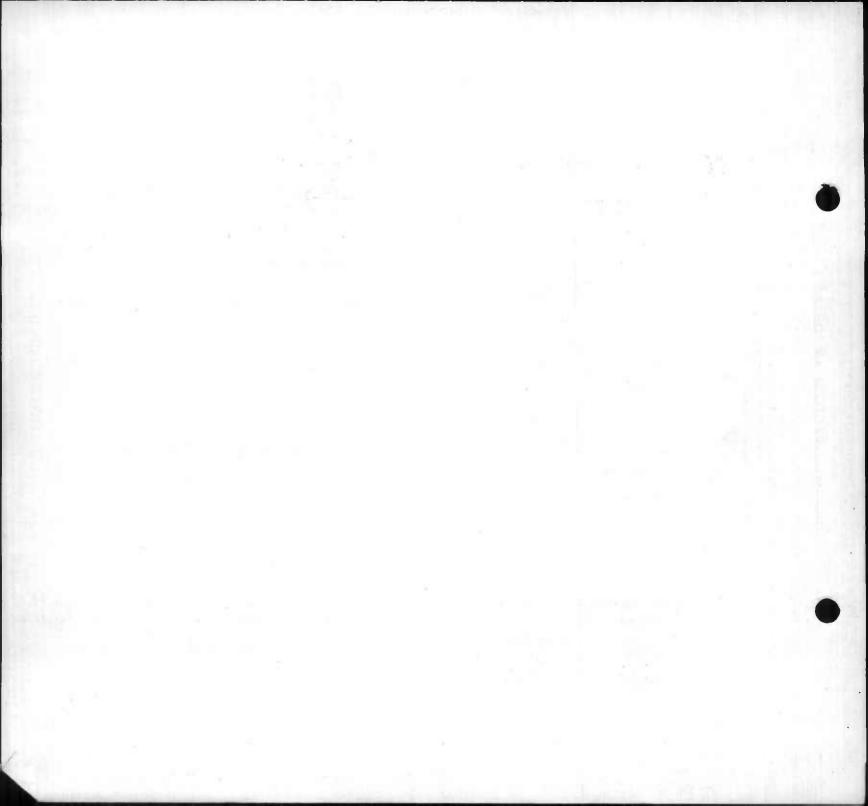
BALTIMORE	CITY	HEALTH	DEPARTM	ĒΝ

58- 2805 CERTIFICATE OF DEATH

REG. NO.	-68-	2805
	00	Land Charles

BIRTH NO.	CERTIFICA	TE OF DEATH	DEATH	
Tune or Print	Lawrence	3/7/68		
3. PLACE IN BALTIMORE, MARYLAND, W			ed. If institution; residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		Maryland c. City or town	D. INSTDE CIPY-LIMITS	
		Baltimore E. STREET AND NUMBER	YES NO	
2143 N. Pulaski S			7 (
Fe male Negro	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 12-27-1876 9. AGE (In yellost birthdoy) 9.		
tOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Housewife	Home	St. Mary"s Co., Md.	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James Wood		Cecelia Reed		
15. Was Deceased Ever in U. S. Armed For [Yes, no or unknown] (If yes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
		Elizabeth Newkirk 2	2143 N. Pulaski	
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the made of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost. VOIL TO THE DEATH BUT NOT RELATED TO TO THE DEATH (NOT THE DEATH CONDITIONS) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	dying, e.g., the disease, death.) any, giving stating the (C)	A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, IN CERTIFY! in or obout 21 C. WHERE DID (If in	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? 8oltimore City, give exoct locotion)	
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not Whi Work At Work			
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE	d alive an 3 - 6 - ed obove. (1) (We) (dld) (dld not)	ending Med. Shaff pirector Phys. 23D. ADDRESS 1709 Swynns	3-7- 1968, per) apinion deoth occurred on the dote 238. DATE SIGNED 3-8-68 Falls Pkwy (City, town, or county) (Stote)	
Burial 3/11/68 New Cathedral Baltimore Md.				
25A. DATE TO DEY THE LITTLE PERT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
WALL TO 1200 (15)	Profit & stratumen			

VS 150-REV. 1/1/68



VS 150-REV. 1/1/65

b	BALTIMORE CIT	Y HEALTH DEPARTMENT 68- 2806			
	BRTH NO. 68-2806 CERTIFICA	ATE OF DEATH Registered No.			
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
	(Type or Print) JOSEPH MOORE	MARCH 11, 1968 14:00 Pm.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY			
	FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR address or tocotion)	Md. BACTIMORE CO 53-00			
	INSTITUTION	C. CITY OR TOWN (Hourside city limits, write RURAL and give township)			
1	UNIVERSITY HOSPITAL	D. STREET ADDRESS (If rural, give location)			
6	Office Raft / The artiful	SPRING GROVE ST. HOSPITAL			
E GG	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His, Months; Doys Hours; Min.			
2	MID.	11192 75			
	10A. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTR done during most of werking life, even if retired)	WHAT COUNTRY?			
disposition	Unem played	HORTH CAROLINA USA			
2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
2	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Sophie Moore			
8	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.				
tinal	219-57-324 CAUSE (OF DEATH INTERVAL BETWEEN			
med or fina	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
9	LEADING TO DEATH (A) CEREBRAL EDEMA & INFARCAGE 7				
palu	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,				
E	injury or complication which coused death.)	RomBosis (DANT. Ceubral 7 days			
0	ANTECEDENT CAUSES (B) 17 JU DUE TO	ara.			
0	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting like (C)				
mains	UNDERLYING CONDITION lost.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	U 39A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 120A ALITOPSYT (Yes of No.) 208 IF YES WERE FINDINGS CONSIDERED				
	13968 WAS PERFORMED OF DEATH? 10 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact locotion)				
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?			
	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	(APPROX.) While At Work At Work	100			
BLGO	22. I certify that (A) (this hospital) attended the peceased from	March 6, 1968 to March 11, 1968.			
	that (we) lost saw the deceased alive an Maken 1968 and that in (m) (our) opinion death occurred on the date				
UST De	and hour and from the couses stated above. (1) (%) (did) (did not)	'			
must	23A_SIGNATURE 23B. DATE SIGNED				
5		ys. Med. Director Staff Phys. D			
bbrok	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS			
2	IVAN L. BUTLER, M.D	DIVITE LESITY TO VITILE TO DITCHO. THAT			
3	24A. RURIAL CREMATION, PREMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
5	BURIO 3-15-68 Barte. Nat Len Barte. 126. Address, address,				
written approval	MAR 12 1968 P. Q. 4 & F. Q. MA	k 2/ - 1/ -1/ 1211/			
-	TOPPELO -, TOURENT OF	MORTON & Dyett t. H. 1701 Launeus &			

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Marker L Dyett + H 1741 Louise

FUNERAL DIRECTOR: IMPORTANT

REG. NO. CERTIFICATE OF DEATH of death Deceased Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print) 10 uo PM hospital USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION larellan o (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OF TOWN INSIDE CHY LIMITS canse; 0 ō YES X NO prior STREET AND NUMBER contributing maine occurred etermined made regular 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased Months Doys Hours last birthdas WIDOWED DIVORCED m 72 12-5-1895 72 S 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) 11.5.A Cnd Ketired WAShing ton Was 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 4 AC Kosie ACKSON eath 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL kind or final SECURITY NO. attendance any CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE /NY fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A COMSEQUENCE OF emba hearl foilure, osthenia, etc. Il means the diseose, ular injury or complication which coused death.) ANTECEDENT CAUSES who 5 re are DISEASES OR CONDITIONS, if any, giving the obave couse (A) 3 10 sloling the UNDERLYING CONDITION last. remains physicia Was 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING emed TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED the CERTIFI 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) where CAL hospital °Z DEATH (notify medical examiner) nature; MEDI (Hour) obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? 9 (Month) (Doy) (Yeor) 21 E. INJURY OCCURRED OF INJURY Not While (except While At [(APPROX.) and Work At Work to the 3-10 any 22. I certify that (1) (this hospital) ottended the deceased from 1960 3-10 ond that in (my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on be 0 hospital death) ond Mour ond from the couses stated obove. (1) (We) ((did) (did not) view the body ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Med. 10 Phys. Director L approval O 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) Was An 4 BURIAL CREMATION, 24B, DATE or CREMATORY 24D. LOCATION eceased 0.0 the body REMOVAL (Specify) written 3-14-68 25A. DATE REC'D BY 25B. NAME OF Was ADDRESS 25C. FUNERAL DIRECTOR 0 VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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0	ME	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	0S**	2808
BIRTH NO.								V E.	
1. NAME OF DEC	DONA	Leroy LD WR	IGHT	2. DATE OF DEATH	Knawn X Estimated	March	8, 1968		:25 P. M.
4. PLACE IN BAL	TIMORE, MARYLAND,			3. DATE	NICED DEAD	Manth	Day	Year He	our
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT CATION)	TUTION, GIVE STREET		NCED DEAD SIDENCE (Where		8, 1968		8:25 P.M.
	Bon Secours	Hospi	tal	A. STATE	Maryland		3. COUNTY		200
6. SEX	7. RACE	8. MARRIE	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	LIMITS?	1" 0
Male	Negro	WIDOW	DIVORCED	F	Baltimore		YES	NO NO	
9. DATE OF BIRT	last hirthe	lay)	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.		ND NUMBER 1622 W. Fa	avette	Street		
11. BIRTHPLACE (S	State or foreign country)	1	2. CITIZEN OF WHAI COUNTRY?	13. FATHER'S	S NAME				
Maryla	nd	ILLIAR KIND	U . S . A . OF BUSINESS OR INDUSTR	Unk		AAE			
	working life, even if retired		OF BOSINESS OK HADOSIK		3 MAIDEN NAT	MIE			
14 WAS DECEAS	ED EVER IN U.S. ARM	ED EODCES	117. SOCIAL	Unk.	ANIT		AD	DRESS	
(Yes, no or unknown	8/15 52-3	/14/5	SECURITY NO.		J. Webs	ter l		Fayett	
19.	8211		CAUSE OF DEA	TH					NIMATE INTERVAL
	E OR CONDITION DIR LEADING TO DEATH not mean the mode of		(A)IMMEDIATE	CAUSE MU	iltiple ti	raumati	c injur	ies	
heart failure	e, osthenio, etc. It meons t mplication which caused o	he disease,	DUE TO, OK	AS A CONSEQU	JENCE OF:				
DISEASES OF RISE TO THE UNDERLYIN	NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S' NG CONDITION LAST	TATING THE	(B) DUE TO, OR	AS A CONSEC	UENCE OF:				
6	F1 11		(C)						
O THE DE	NIFICANT CONDITIONS ATH BUT NOT RELATED TO CONDITION GIVEN IN	O THE TERMIN		to the south of age as	.A.M.B.A.O. (10.00 1		an ar ar ar air air ar ar air air air air		
20 A. DATE O			OR WHICH OPERATION W	AS PERFORM	ED				(Yes or No)
₹ 22A. EXTER	NAL CAUSE WAS	12	2B. PLACE OF INJURY (e.g.,	in ar about 2	2C. WHERE DID	(If in Boltimor	e Cltv. give exac	Ye;	S
UNDERLYING UTING CA	GMOR CONTRIB-		2B. PLACE OF INJURY (e.g., nome, farm, factory, street, office home		1622 W.	Favett	e Street	t /	9-00
≥ 22D. TIME OF INJURY	(Month) (Doy) (Ye	ear) (Hour)	22E.INJURY OCCURRED	2:	F. HOW DID IN				
	3-8-68 7:0	00 P.	MHILE AT NOT	WHILE X	Fell out	of thi	rd floor	window	w
I cert	tify that I held on	Inquiry [Inspection Au	topsy X	ond that on th	his basis,	death in my c	pinion	
resul	ted from: Notural co	uses 🗌	Accident X Suici	de Ho	micide 🗌	Undetermin	ed monner		
	(A)	_	11		HIEF MEDICAL E				51611
ACTUAL SIGNAT	URE	١٠, ١	and (M.E	J.	STANT MEDICAL			DA	TE SIGNED
EXAMIN NAME (GHALLE	s S. S	pringate, M.D.		CIATE MEDICAL E		□ Marc	ch 9, 19	968
24A. BURIAL CRE REMOVAL (Spec	ifv)		24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,	or caunty)	(State)
Burai	3/1		Baltimore,			Baltim	ore, Ma	arylan	đ
MAR	1 2 1968 ()	Pres B	AME OF REGISTRAR		rles A.		661 W.	Barre	St.
VS 151-REV. 1/1/6		910		1					

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Hary J. Webster 1822 W. Payetts D.

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5/17/68 Deltimore, Mathemat Haltimore, Maryland

Couries A. Sice 661 W. Saren St.

	1		C-423 CO 2000 BALTIMORE CITY HEALTH DEPART.	MENT REG. NO	68- 2809
9 - 7	ch		68- 2809 CERTIFICATE OF DEA	ATH REG. NO.	00 4000
eat	Suc	3		DATE AND HOUR OF DEATH	- An
- P 8	P 0 0 -	4	ROBERT CHRISTIAN	3-10-68 NCE (Where deceased fixed, If institu	4:50 AM M.
00		9	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE	B. COUNTY	
cause se; (5)	de	S	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN		IMORE CITY LIMITS?
cat	to t	E	of Maintonion		STO GOOD
190	prior	7	E. STREET AND N		W/L
utir d	7 d	ĕ.ĕ.	141 NOF	TH CHAPEL STREET	
ontributin ermined c	ppa	EXA			Under 1 Yr. II Under 24 Hrs. Min.
ont.	O. 03	A	MALE NEGRO WIDOWED DIVORCED 8-9-92	75	2. CITIZEN OF WHAT COUNTRY?
= 0 =	ece	57	done during most of working life, even if retired)		
or	S		Missour 13. FATHER'S NAME 14. MOTHER'S MA		U.S.A.
ect 4) (3 +	04			
dig 7	£ c:	흥	JAMES CHRISTIAN MILLIE 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	E PENCIL	ADDRESS
inc		O. []	(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	abeth Goodwin 1	
マヤヤ	Put	뙈		abech Goodwin I	APPROXIMATE INTERVAL
so, if	0 5	9	DISEASE OF CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
Also e of		PR		ENT PNEUMONIA	51
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ner	<u> </u>	Q L		4	
xaminer.	ho	DR	(B)	AC ARRHYTHEMIA	
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negical nedical burns;	Sic	S	433./ II		
hed	ohy nn	90	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
Body	a .5	Sign		(Yes or No) 20B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
B	th hys	e C	Q = Y	ES YES	
10	-	e to	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY O	CCUR?	Ity, give exoct location)
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he hos	Pu Ind	CAL	Work L At Work L	7	10 68
to th	9 0	0-			-10-68 19 ,
0 0	म् दे	MED	that (1) (we) last saw the deceased alive an	and that In (my) (aur) apinia	n death accurred an the date
sed	10	⊃ ⊲1	23A. SIGNATURE		B, DATE SIGNED
eleased ccident	oq o.	E	Attending Med.	stor Staff XX	3-11-68
0 - 0	0 -	DON NO	23C, PHYSICIAN'S [23D. ADDRESS	Tilys, —)- 1 I=00
An An	prior	PRIO	A PAUL MICHELSON, M.D. THE JO	OHNS HOPKINS HOSP	ITAL
3	•	O O	24A. BURIAL CREMATION, 24B DATE REMOVAL (Specify) 24B, DATE 24C, NAME of CEMETERY OF CREMATORY		town, or county) (State)
oody was	D.O.	الناه		Baltimore, Ma	ryland
the body shows: (1		← (∩	25A, DATE REC'D BY HEALTH DUTT. 25B, NAME OF REGISTRAR 25C, FUNERAL	DIRECTOR	ADDRESS
4	\$ ₹	* "		s A. Rice 661 W	. Barre St.
		Li	VS 150-REV, 1/1/68		

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FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	2
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	-0
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	>
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
written approval must be obtained before the remains are embalmed or final disposition is made.)

68	- 2810		BALTIMORE CITY	HEALTH DEPARTMENT		68- 2810
BIRTH NO.	, 201.0		CERTIFICA	TE OF DEATH	REG. NO	00 2010
1. NAME OF DEC	WILHELM	INA	FOX		11, 1968.	5:15 P
3. PLACE IN BASE FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE MARYLAND, W		ITION, GIVE STREET	4. USUAL RESIDENCE (Who A. STATE B. COUN Md.	ere deceased tived. If in	nstitution: residence before admiss
90	Little Sister		e Poor	Baltimore E. STREET AND NUMBER		YES X NO
/		201.000	- 		1200 Valle	
Female	White	7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	Nov. 18, 2890.	9. AGE (In years lost bighdoy)	II Under 1 Yr. If Under 24 Months Doys Hours Mi
done during most of	UPATION (Give kind of work working life, even if retired) ed Seams tress		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore Maryland	ign country)	12. CITIZEN OF WHAT COUN
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
	George Kı	raus		Wilhelmina	Brauch	Boangh
	Ever in U. S. Armed For (II yes, give wor or dote		16. SOCIAL SECURITY NO. 216-03-4768A	Mr. G. William	Bursick,28	36 Roburn Ave.
DISEASES rise to the UNDERLYIN	aplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) G CONDITION lost.	ony, giving stoting the	(B)(B, OR AS	A CONSEQUENCE OF:	arterio se	lera,
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI F OPERATION 198, CON WAS PER	HE TERMINAL RT 1 (A). IDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
21 A. ACCIDE OR CONTRIB DEATH (notify	NT WAS UNDERLYING UTING CAUSE OF	21B. home		n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimo	re City, give exoct locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED le At Not While At Work		JURY OCCUR?	
that (I) (we		l) attended the	me deceosed from Movelu (We) (did) (did not) v		nat in (my) (our) ap	inion deoth occurred on the
23 C. PHYSICIANAME (Stanley		DEGREE Phy	Director Dir		3./2.68 Baltimore, Md.
Buri.	al 3/15	/68. Hol	y Redeemer Ce	metery	Baltimore,	Md.
MAF S 150-REV. 1/1/		Crub E,	Transport .	Leonard J. Ru		to.Md. 21214

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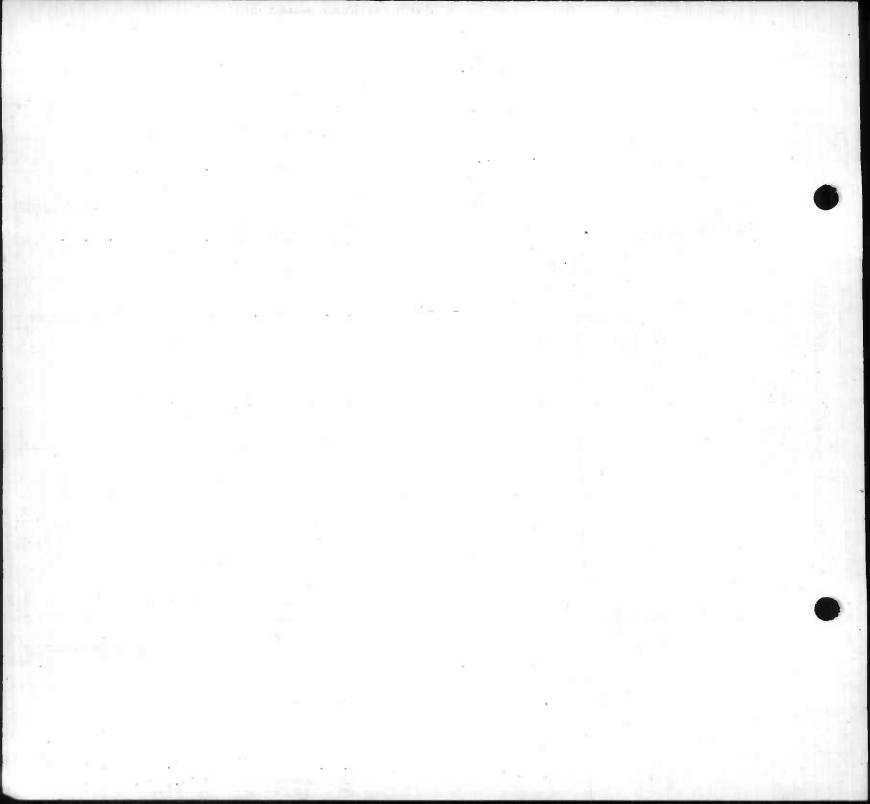
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	HEALTH DEPARTMENT	09 9044
68- 2811 CERTIFICA	TE OF DEATH REG. NO	68- 2811
1. NAME OF DECEASED (Type or Print) Katharine E. Davis	2. DATE AND HOUR OF DEATH March 11, 1968	230 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Maryland D. INS	9-02
	Baltinore E. STREET AND NUMBER	YES X NO
00 2903 Overland Ave.	2903 Overland Ave.	7 73
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 14. If Under 24 Hrs Months Doys Hours Min,
F WIDOWED DIVORCED	12/20/1876 91	
10A, USUAL OCCUPATION (Give kind of work lob, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
Housewife Own Home	Baltimore, Md. 14. MOTHER'S MAIDEN NAME	U. S. A
John Schaeffer	Mary Betz	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No 217-48-6176	Mrs. Irene D. Corwin	(Same)
18. 4 4 0 9 CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND-DEAT
DISEASE OR CONDITION DIRECTLY	A harting !!	1 who
LEADING TO DEATH		rus 101c
heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:	
injury ar camplication which coused death.)	$\subseteq (I \land A)$	Tro.
ANTECEDENT CAUSES	5.0.0	
and the state of t	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.		
450,0 11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	as should C WHERE DID	Charles and the real
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, off etc.)	ice bldg., INJURY OCCUR?	re City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work		1/10
22. I certify that (I) (this baspital) attended the deceased from	1864 19 to J	111/68 19
that (I) (we) lost saw the deceased alive on		inion death occurred on the dat
		accounted on the do
and haur and from the causes stoted obove. (1) (We) (did) (did not) vi	ew the body offer deoth.	23 B, DATE SIGNED
Malar / Tay gly Man Atter		3/12/65
NAME (Type) Walter E. Karfgin	4331 Harford Road	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION (C	ity, town, or county) (State)
Burial 3/14/68 Loudon Park	Baltimore.	Md.
2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		4905 York Road
MAR 12 1968 Reub E, Johnson		
VS 150-REV. 1/1/68	Balto.,	MU. 61616



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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED CATHERINE (Type or Print) March 10, 1968. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS' IN STITUTION NO House in the Pines (Belair Rd.) E. STREET AND NUMBER made 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours lost birthdoy Female White Dec. 26, 1893 74 WIDOWED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Isposition done during most of working life, even if retired) Maryland USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Haas Anna Sieerist ADDRESS 15, Was Deceased Ever in U. S. Armed Forces' 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) 218-30-74840 Miss Edna L. Golderman No (Same) CAUSE OF DEATH APPROXIMATE INTERVAL 9 SETWEEN QUISET AND DEATH DISEASE OR CONDITION DIRECTLY almed LEADING TO DEATH (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. II means the disease, emb menteusine injury at camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION last, clevosi the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an. and that in(my) (aur) apinlan death accurred an the date must

and haur and fram the causes stated abave. (1) (We) (Iid) (did nat) view the bady after death.

23B. DATE SIGNED

23A-SIGNATURE

Badre	Khasuan GEGREE	Attending Phys.
23C. PHYSICIAN'S		23D. AD
INAME (Type)		

23D. ADDRESS

Med.

Director L

Staff

24A. BURIAL CREMATION. REMOVAL (Specify)
Burial

24C. NAME of CEMETERY OF CREMATORY

Holy Redeemer Cemetery



Baltimore, Md.

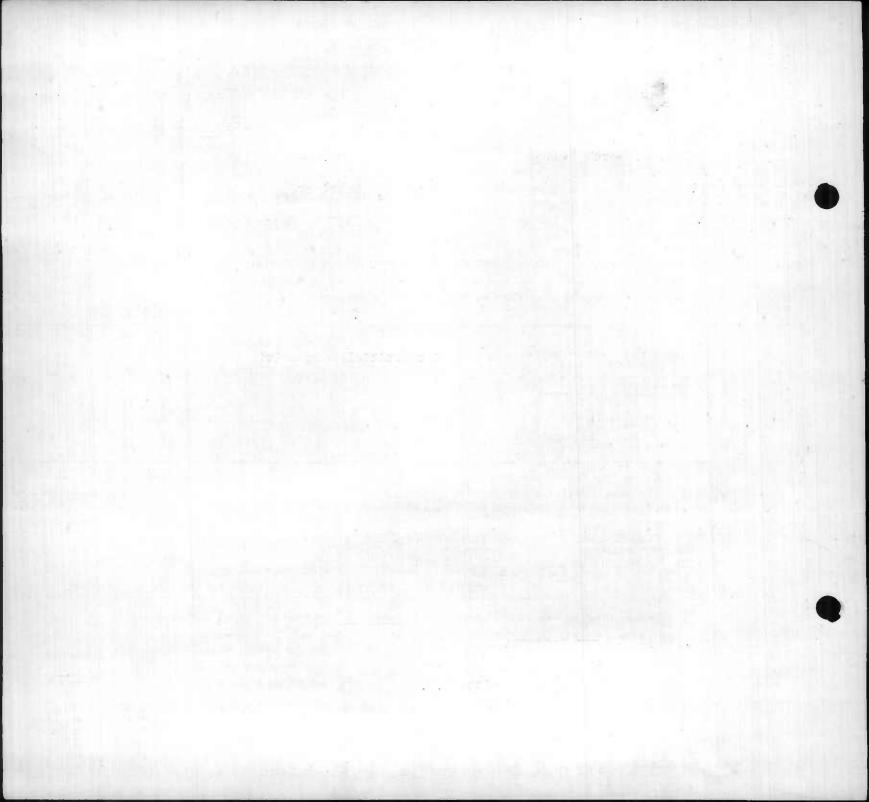
25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto, Md. 21214

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68- 2813 BALTIMORE CITY HEALTH DEPARTMENT

68- 2813

BIRTH NO. 00	596	WEDICA	AL E	XAMINER'S	SEK I IF	CATE	OF	DEAT	REG. NO.			
I. NAME OF DAG	CEASED				2. DATE	Knawn	XX	Manth	Day	Year	Hour	
(Type or ANT IO	(Type or Prin ION OPHER				OF DEATH	Estimot	led 🗌	March	4, 196	8	12:45	PM.
	PLACE IN CALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					UNICED DE	- 40	Manth	Day	Yeor	Haur	
FULL NAME OF HOSPITAL	(IF NOT	IN HOSPITAL OR I S OR LOCATION)	NSTITUTI	ON, GIVE STREET		UNCED DE			4, 1968		12:45	
OR INSTITUTION					5. USUAL A. STATE	RESIDENCE	(Where		ed. If institution	: residence	before admis	sion)
2311 H	E. North	Avenue				yland						
6. SEX	7. RACE	B. M.	ARRIED [NEVER MARRIED	C. CITY O	RTOWN			D. INNIDE CI	THINGS.	2	
Male	Negro	WID	OWED [DIVORCED	Ba1	timore	2		O YE	s X	NO L	egen.
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Days, Hours, Min.												
January	5, 68	2 Month	ns 2		231	1 E. N	orth	Avenu	e			
11. BIRTHPLACE (S	state ar fareign	country)	12. (WHAT COUNTRY?	13. FATHE							
Bal timo:						thanie						
14A.USUAL OCCU	PATION (Give I	kind af work 14B. K n if retired)	IND OF	BUSINESS OR INDUSTR								
***************************************				told roles and week the last to the anti-resid to		rmillo	Hil	1				
16. WAS DECEAS				17. SOCIAL SECURITY NO.	1B. INFOR			-		DDRESS		
		20.00	,		Ca	rmillo	Hil	1 23	11 E No			
19.	7 / 1			CAUSE OF DEA	TH						PPROXIMATE IN	
DISEAS	E OR CONDIT	ION DIRECTLY		Interst	-itial	Dnoumo	niti					
	LEADING TO			(A)IMMEDIATE		r ne dino	HILLI	5				
heart failure	, asthenio, etc. I	nade of dying, e It meons the diseo			AS A CONSE	QUENCE OF						
injury or cor	mplication which	caused death.)								100		
A	NTECEDENT C	AUSES		(B)								
DISEASES	OR CONDITIO	NS, IF ANY, GIVE	NG	DUE TO, OR	AS A CONS	EQUENCE O	F:					
LINDERLYIN	NG CONDITIO		INE	(c)								
O TO TO	1	1										
STHER SIGN	IFICANT CON	DITIONS CONTR	BUTING									
		RELATED TO THE T		**********								
20A. DATE O	FOPERATION	20B. CONDITIO	ONFOR	WHICH OPERATION W	AS PERFOR	MED			1.41/47	21. AUT	OPSY? (Yes o	r No)
0 2											Yes	
	NAL CAUSE W		22B.	PLACE OF INJURY (e.g.,	in ar about	22C. WHER	E DID (lf in Baltimore	City, give exa	ct location)		
	OR CONTI		nome	e, farm, factory, street, offic	ce blag., etc.)	INJURY OC	LCUK!					
			Hour) 2	22E.INJURY OCCURRED		22F. HOW	DID INJ	URY OCCU	R?			
OF INJURY (APPROX.)					WHILE							
23.												
I cert	tify that I he	ldan Inquir	у	Inspection Au	tapsy X	and the	at an th	is basis,	death in my	apinion		
resul	ted fram: Na	tural causes	X A	ccident Suicl	de 🗌 🕒 🗜	lamicide [_ t	Indetermin	ed manner			
		ALC: NO	/			CHIEF ME	DICAL E	XAMINER			DATE SIGN	NED
ACTUAL SIGNAT		nush.	700	7- M.I	ASS	ISTANT ME	DICALE	XAMINER :				- 5
EXAMIN NAME (IER'S	Werner U	Sp:	itz, M.D.		OCIATE ME	DICAL E	XAMINER	Fe .		3/4/6	8
24A. BURIAL CRE. REMOVAL (Speci	MATION, 24	B. DATE	24	IC. NAME of CEMETERY	ar CREMAT	ORY	24D. I	OCATION	(City, town	, or county	y) (Sta	te)
Burial	1147	3 7 68	77	Balto Natio	nal Ce	meterv	55	00 Fre	ederick	Ave	Balto I	1. D.
25A. DATE REC'D	BY HEALTH D	PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS		OF REGISTRAR		FUNERAL				DDRESS		
49 8 19	1 0 100	0 00	. 0	FarleyAs					3.030	07	D = 4.4 =	
MAR	17 130	O Challer	17 2	" CONTRACTOR	IVI.	r. Dor	lald	Glover	. 170.	1-02	Patter:	son P
VS 151-REV. 1/1/6	В											1



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UU	FUL	L

BALTIMORE CITY HEALTH DEPARTMENT

TE OF DEATH REG. NO

G. NO.	68-	2814
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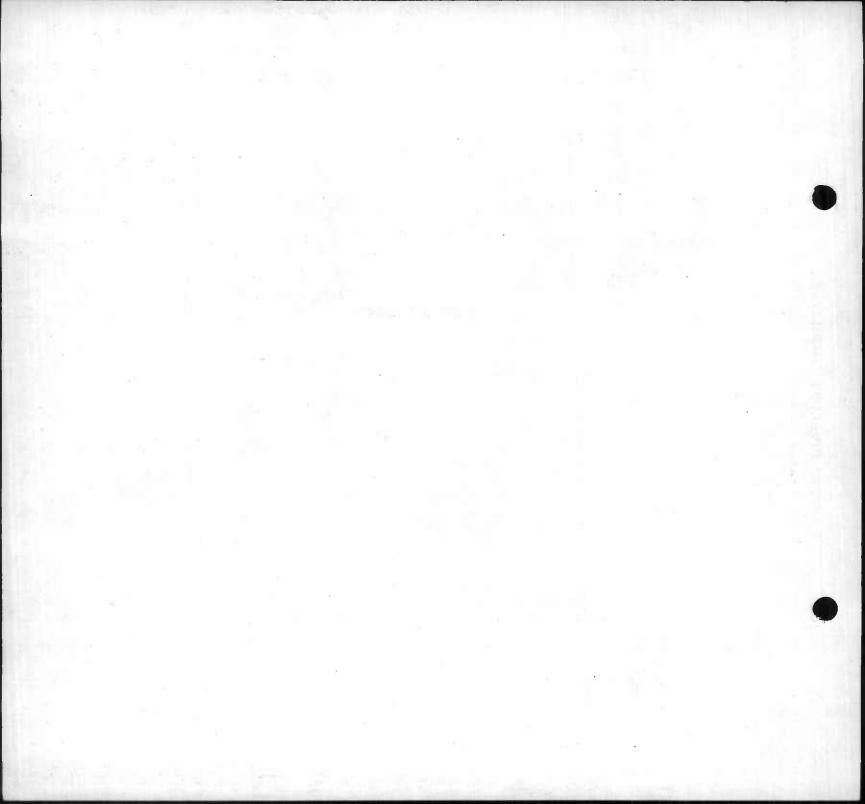
Din	00	CERTIFICA	TE OF DEATH	REG. NO.	
, ,	TH NO. AME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
	ne or Print) MABEL L.	WALLACE		3-7-1968	8-10-
3. 1	PLACE IN BALTIMORE MARYLAND, W		4. USUAL RESIDENCE (Wh	ere deceased lived. If i	institution: residence before admission)
			A. STATE B. COU	NTY	
FU	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	MD.	-1.	0/
	STITUTION	AL HOSPITAL	BALTIMORE		SIDE CITY LIMITS?
,	UNION MEMORI.	AL HOSPITHE	E. STREET AND NUMBER		TES & NY
14	4			GGS AVE	•
5. 5	EX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	EW		10-16-100	tost birthdow	Months Doys Hours Min.
10.4	USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED	100	7 68	12. CITIZEN OF WHAT COUNTRY?
	e during most of working life, even if retired)	ios. Airo of cosiness or incosin.			
	HOUSEWIFE		NI CARO	LINA	U. S .
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	WILLIAM MON		ELIZA		
(Yes	Wos Deceosed Ever in U. S. Armed Fore s,no or unknown) (If yes, give wor or dote	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 100046	2117 BARCLAY
-	26		DAUGHTER (L. WEEMS)	2/2/8
	18.4 X 3 X I	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIR	ECTLY			
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Bronch	an as Osla	nominacute
	(This does not meon the made of heart foilure, osthenia, etc. It means	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	The same	16.706.600
	injury or complication which coused				
	ANTECEDENT CAUSES	(0)			
	DISEASES OR CONDITIONS, if	ony, giving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above couse (A) UNDERLYING CONDITION last.	stoting the			
		(C)			11
Z,	OTHER SIGNIFICANT CONDITIONS COI	NIBIBITING			-
ATION	TO THE DEATH BUT NOT RELATED TO TH	HE TERMINAL			*
	19A. DATE OF OPERATION 198. CON		20A. AUTOPSY? (Yes or h	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERF	ORMED	VES	IN CERTIFYING CA	AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimo	ore City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
0					
MED	OF INJURY (Month) (Doy) (Year)		21F. HOW DID IN	IJURY OCCUR?	
<	(APPROX.)	While At Not While Work At Work	e		
	22. I certify that (I) (this haspital	attended the deceased from	3-1	19 68 to	3-7 19 68.
	that (1) (we) last sow the decease			that in (my) (our) on	
		ed obave. (Me) (did) (did not) v			
	23A. SIGNATURS	ed obdve. (i) (we) (ala) (ala hor) v	new the body after deoth	•	23B, DATE SIGNED
	WILL R	& MID Atte	nding Med.	Staff Sa	MAR. 8, 1968
	30 min	DEGREE Phy	s. Director	Shaff Phys. D	MAZ. 8, 1168
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		0.201
	DH BC	ANCA TO	UNION MEN	YORIAL H	PSPITAL
244	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	MATORY 24D.	LOCATION (C	City, town, or county) (Stotet)
1	SEMOVAL (Specify) 3-10-1	8 (Inhertun)	nom the	Supt.	LIN OR
25	A. DATE REC'D BY HEALTH DEPT.	25B, NAME OF REGISTRAR	25C FUNERAL DIRECTE	accept	ADDRESSY
1	MAD 10 1000	O O B- S STANGENTA	114.//	- 1 11 11	-0 1127771

THE RESIDENCE AND THE PARTY NAMED IN Trace Ferry SATE 5 St. - 24 - 44 - 1 34. N. Cascara 37% your barrain They have asked whateless whiteless DAVISHTER (LEFFERS) = -7 GW ---414 y 25 m > 10 104 I desired the second resource of the second

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3	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be the body was released to shows: (1) An accident owas D.O.A. at a hospita deceased prior to death written approval must b
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BIRTH NO.	TE OF DEATH	00- 4019
T, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	0
ANDREW SAYLES	3/6/68 1.00	0 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Beter	une)
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INS DI	E CITY LIMITS?
2 QUNIVERSITY HOSPITAL	Ballimore .	NOT NOT
BALTIMORE MARYLAND.	E. STREET AND NUMBER	
SACTI MOND THE CYCHIOD.	G2/ N. BENTALO	U 57.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yı. If Under 24 Hrs. Months: Doys Hours Min.
M. PO. NEGRO WIDOWED DIVORCED	3/7/01 66	violinis, boys i roots; with
10% USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. MRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	2	0,00
RAIL ROADER RAILRUAD	14. MOTHER'S MAIDEN NAME	4. S. A.
13, PATHER S NAME	14. MOTHER S MAIDEN NAME	
THOMAS SRYLES	2 ARTHA. MOODE	
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INEDEMANT	ADDRESS
NO. DIO TO LA	CHAR CHAR	T. Same
18. CAUSE OF DEAT	H /	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	ISE TERMINAL PNEUMUNI	A 48 HOURS.
(This does not meon the mode of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES	A CONSEQUENCE OF:	GMONTUS.
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	OPLASM,	

Z / 6 % / II		
E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	4EXIA	
	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FIR	NDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED 2/9/68 21A. ACCIDENT WAS UNDERLYING	NO . IN CERTIFYING CAUS	SES OF DEATH?
	n or obout 21 C. WHERE DID (If In Boltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	mice blog., INJURT OCCUR?	
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (A PPROX.) While At Not Whi		
Work At Work		10 00
22. I certify that (1) (this haspital) attended the deceased fram	2/5 19 G8 to 3	1968
that (I) (we) last saw the deceased alive an	19 68 and that in(my) (aur) opini	an death occurred an the date
and haur and fram the causes stated above. (1) (We) (did) (did nat)	riew the bady after death.	
23A. SIGNATURE		3B. DATE SIGNED
Chris O Booto 200 DEGREE Phy	ending Med. Staff s. Director Phys.	3/6/68.
23C. PHYSICIAN'S	23D. ADDRESS	7/00
CHRIS J. BEETEL M.D. DEGREE	911111605:00 1100 1	31/T/ 2.0.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME PI CEMETERY OF CR	EMATORY 24D. LOCATION (City,	town, or county) (State)
SEMOVAL (Specify)	al boot -	mall
Burial 3-11-68 (estutus me	m M. Fulleman	11/4.



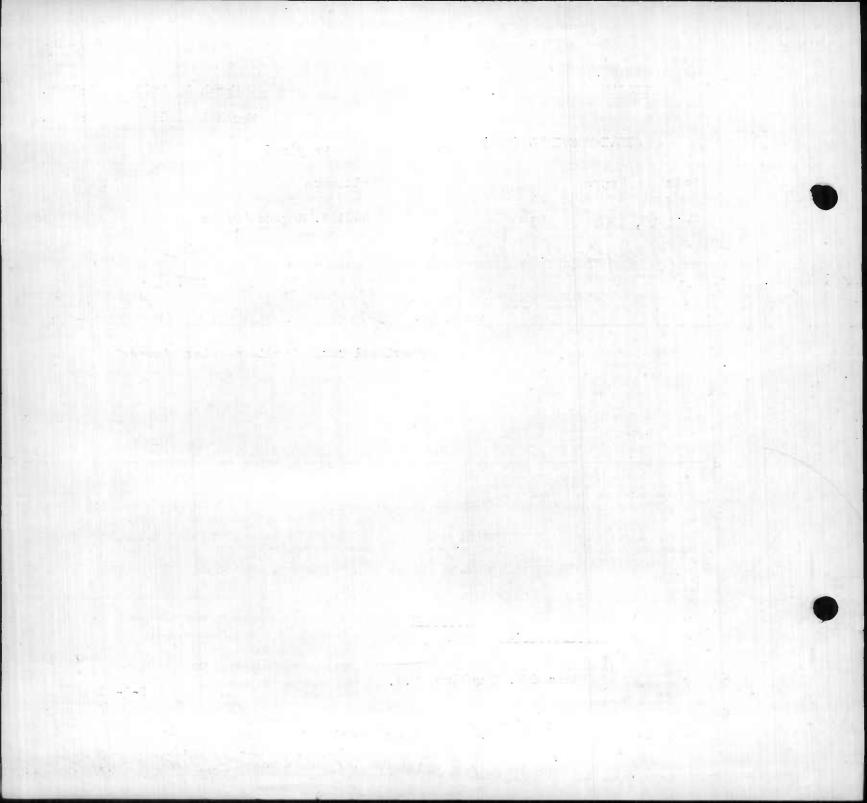
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68- 2816 BALTIMORE CITY HEALTH DEPARTMENT

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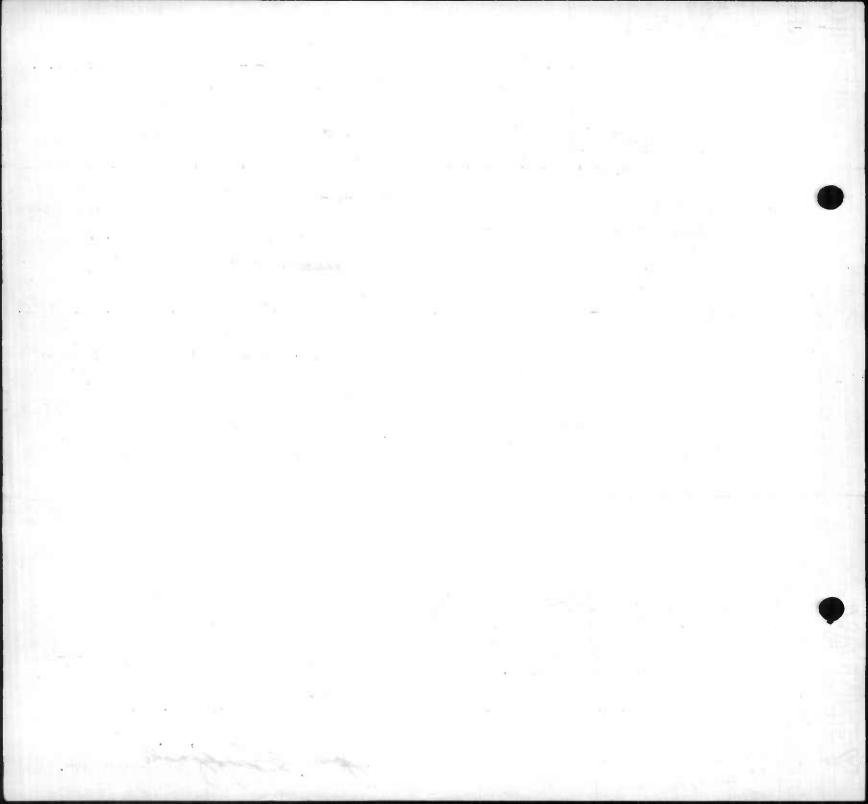
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MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
	2. DATE Knawn Manth Day Year Hour
(Type or Print)	OF
WILLIAM H. JONES 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted March 1, 1968 1:00 P.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 1, 1968 1:00 P.
OR INSTITUTION SINAI HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDECITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In year If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER
April 10, 1904 03	4401 N. Rogers Avenue
11. BIRTHRIACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
	Mirie Burton
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war ar dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
CAUSE OF DEA	Traveuce faces
CAUSE OF DEA	BETWEEN ONSET AND D
	osceerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE C	CAUSE
neori follure, ostnenio, etc. it means the disease,	AS A CONSEQUENCE OF:
injury or camplication which coused deoth.)	
ANTECEDENT CAUSES (p)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
[Z] (C)	
F 422, 1	
(C)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or N
0	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	in ar about 22C. WHERE DID (If in Baltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	WHILE
(APPROX.) m. WORK AT W	VORK L
23.	
I certify that I held on Inquiry Inspection Au	topsy ond that on this basis, death in my opinion
resulted from: Natural couses X Accident Suicident	de Homicide Undetermined monner
0 1 1 1 1	CHIEF MEDICAL EXAMINER
SIGNATURE mold If Kunt M.D.	ASSISTANT MEDICAL EXAMINER
SIGNATURE RONALD N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type)	3-1-68
24A BURIAL CREMATION, 24B DATE 24C NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, ar caunty) (State)
REMOVAL (Specify) 5-6-68	men the Laurel mil
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS ADDRESS
270	1 / lalling 12 1 / listing 1221



	Y HEALTH DEPARTMENT REG. NO. 68- 2817
BIRTH NO.	ATE OF DEATH
1. NAME OF DECEASED (Type or Print) ALBERT A. WINKLER	3-9-68 1:55 P.M. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND Baltimore 6
BALTIMORE CITY HOSPITALS	Chase YES NO X
BALT IMORE, MARYLAND #21224	BOX 293 ROUTE 16 #21220
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years It Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
Steam Fitter Construction	MARYLAND U.S.A.
CHARLES (DECEASED)	Rose Leonburger
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor ar dates of service) 316. SOCIAL SECURITY NO.	RECORDS: 4940 EASTERN AVE., BALTO., MD.#21224
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Only money & Same
nearl failure, asthenia, etc. II means the disease,	USE MUMENTE S days
ANTECEDENT CAUSES	EVA 9 days
The state of the s	S A CONSEQUENCE OF:
UNDERLYING CONDITION last, (C)	andeles 10 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	estive heart failure 5 yrs.
DISEASE OF CONDITION GIVEN IN PART IAI.	YES 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
OR CONTRIBUTING CAUSE OF home, form, factory, street, or	in or obout 21 C. WHERE DID (If in Boltimore City, give exoct lacation)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Work At Work	
that (1) (we) last saw the deceased alive on 3/1	19 68 and that in (MY) (aur) apinian death accurred an the date
St M Ilaren La	ending Med. Stoff Phys. 23B. DATE SIGNED 3-9-68
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS BALTIMORE CITY HOSPITALS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	4940 EASTERN AVE., BALTO., MD. #21224 EMATORY 24D. LOCATION (City, town, or county) (Stote)
	Baltimore, Md.
MAR 12 1968 Receib & Same of Registrar	James E Produzinski 1407 Eastern Ave.
	BIRTH NO. 1. NAME OF DECEASED (Type or Paint) ALBERT A. WINKLER 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION) BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND #21224 5. SEX 6. RACE WHITE WHOOWED IOA USUAL OCCUPATION (Give kind of work 108, kind of Business OR INDUSTRY done during most of working life, even if relived) Steam Fitter 13. FATHER'S NAME CHARLES (DECEASED) 15. Wos Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) (III yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 216 10 6252 CAUSE OF DEAT (This does not mean the made of dying, e.g., heart followe, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART I IAI. VO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART I IAI. VO THER SIGNIFICANT CONDITION SET IN PART I IAI. VO THER SIGNIFICANT CONDITION OF THE REMINAL DISEASE OR CONDITION OF VEN IN PART I IAI. VO THER SIGNIFICANT CONDITION SET IN PART I IAI. VO THER SIGNIFICANT CONDITION OF THE REMINAL DISEASE OR CONDITION OF VEN IN PART I IAI. VO THER SIGNIFICANT CONDITION OF THE REMINAL DISEASE OR CONDITION OF VEN IN PART I IAI. VO THER SIGNIFICANT CONDITION OF THE REMINAL DISEASE OR CONDITION OF THE REMINAL OR THE REMINAL DISEASE OR CONDITION OF THE REMINAL DISEASE OR TH

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FUNERAL DIRECTOR: IMPORTANT

2818 CERTIFICATE OF DEATH REG. NO. andeath Deceased Such deat I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital eath. 4. USUAL RESIDENCE (Where deceased Institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF T HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS attend cause; 0 S NO X YES prior E. STREET AND contributing occurred Undetermined made regular 9. AGE (In years 6. RACE I Under 24 Hrs. B. DATE OF BIRTH If Under 1 Yr. 7. MARRIED **NEVER MARRIED** deceased Manths Days Haurs last birthdoy WIDOWED DIVORCED kind of work 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition SD 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME 9 0 death kind: 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no ar unknown) (If yes, give war ar dates of service) 6. SOCIAL 17. INFORMAN ADDRES: final SECURITY NO attendance any pronounced APPROXIMATE INTERVAL 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ed of LEADING TO DEATH (A) IMMEDIATE CAUSE Ē fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF 9 10 heart foilure, osthenio, etc. It meons the disease, P injury ar camplication which caused death.) em 5 ANTECEDENT CAUSES ho 5 9 are CONSEQUENCE OF 4 DISEASES OR CONDITIONS, if ony, giving 3 stating the la the obave cause (A) physician the remains UNDERLYING CONDITION last. Was Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (2) 21A. ACCIDENT WAS UNDERLYING (If In Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital CAL å DEATH (natify medical examiner) nature; obtained MEDI 21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved except While At Not While (APPROX.) pub Work At Work to the any 22. I certify that (1) (this hospital) ottended the deceased from that (1) (we) lost sow the deceased alive on and that in (my) (aur) opinion death occurred on the date leath) hospital and hour and from the couses stated obeve. (1) (We) (did) (did nat) view the body after death. ased must accident 23A. SIGNATORE 23 B. DATE SIGNED P Attending [Med. Staff 0 Phys. Director approval 0 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) MOS An d 24A. BURIAL CREMATION. (City, tawn, (State) deceased the body 0.0 REMOVAL (Specify) written shows: Was 25C. EUNERAL DIRECTO VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPAR

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IMPORTANT DIRECTOR: FUNERAL

68- 2819 68- 2819 CERTIFICATE OF DEATH REG. NO. Such Deceased 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) 03/08/68 2:40PM
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY LORD, JAMES WILSON SR. no 2:40PM. death. of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF C. CITY OR TOWN HOSPITAL OR D. INSIDE CHY LIMITS? 0 BALTIMORE YES prior E. STREET AND NUMBER contributing ST AGNES HOSPITAL Undetermined 5927 HILLTOP AVENUE de regular 9. AGE (In years 6. RACE If Under 24 Hrs. 5. SEX 8. DATE OF BIRTH If Under 1 Yr. 7. MARRIED NEVER MARRIED ma deceased Months Doys Hours lost birthdoy 85 MALE WHITE WIDOWED 08/24/82 DIVORCED 10A USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) DELAWARE US OWNER FARM ARM ING Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the direct (4) RICHARD LORD ANNIE WILSON uo death kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. final attendance 213364689 AGNES RECORDS-WILKENS any CAUSE OF DEATH pronounced 0 BETWEEN ONSET AND DEATH DENOCARCINOMA DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ular bal heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) Ε ANTECEDENT CAUSES 0 5 re are DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the 3 UNDERLYING CONDITION lost. physician the remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED ARCINOMA 1966 COLON 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) where home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF to the hospital DEATH (notify medical examiner) ON (9) any nature; NO MED 21 D. TIME OF INJURY (Month) (Doy) (Year) 21F. HOW DID INJURY OCCUR? obtained (Hour) 21 E. INJURY OCCURRED (except Not While (APPROX.) and At Work 22. I certify that (1) (this hospital) attended the deceased fram MARCH 68 ta MARCH 8. that (1) (we) last saw the deceased alive an MARCH 19 68 and that In (my) (our) apinian death occurred an the date of hospital death) and haur and fram the causes stated abave. (1) (Fe) (aid) (did nat) view the bady after death. the body was released must 23A. SIGNATUR 23 B. DATE SIGNED Med. Staff Attending Director L 10 Phys. Phys. approva 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at An SIGNOR CATON WILKENS BALTO 4 24A. BURIAL CREMATION, 24B. REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY deceased 0.0 ClarksuilE shows: M CIS 25C, FUNERAL DIRECTOR HIGHWOOD INOTH - SIACK FUNDAMI

BALTIMORE CITY HEALTH DEPARTMENT

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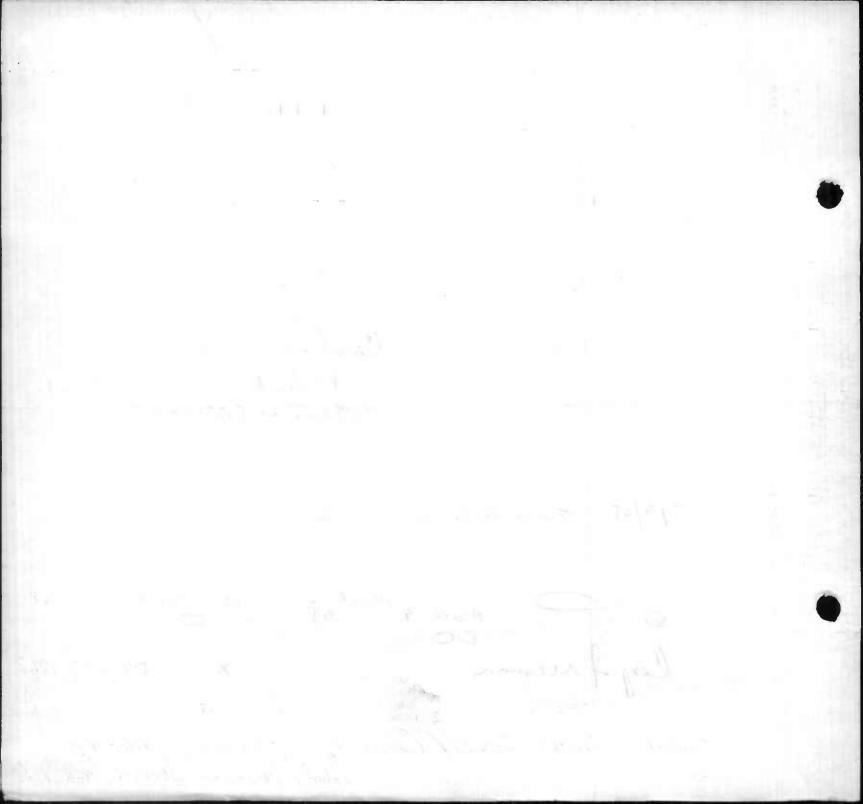
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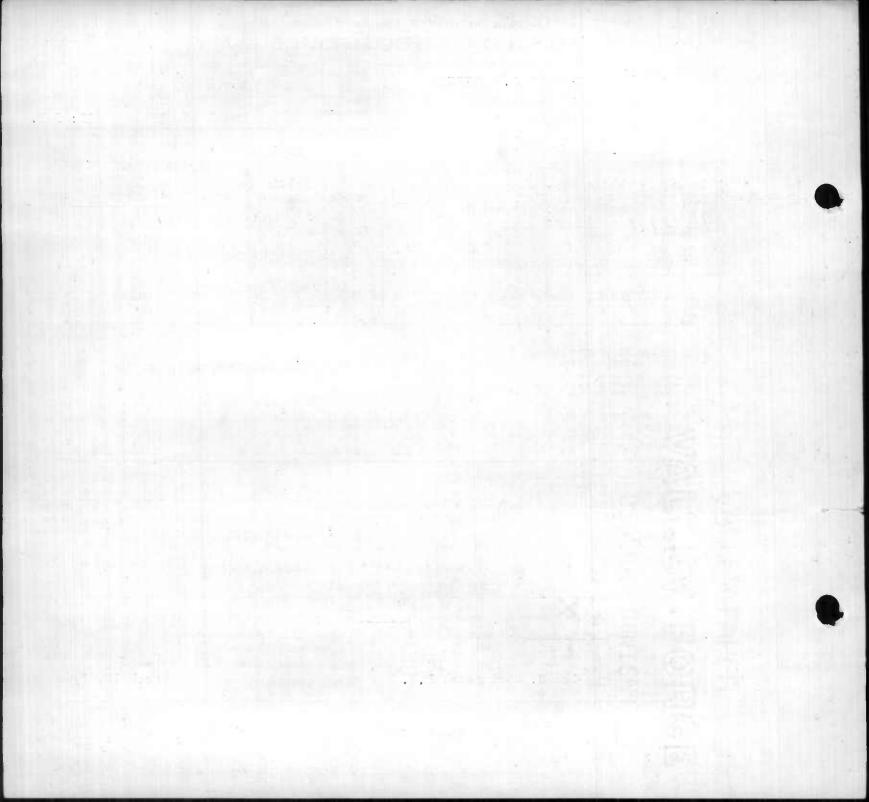
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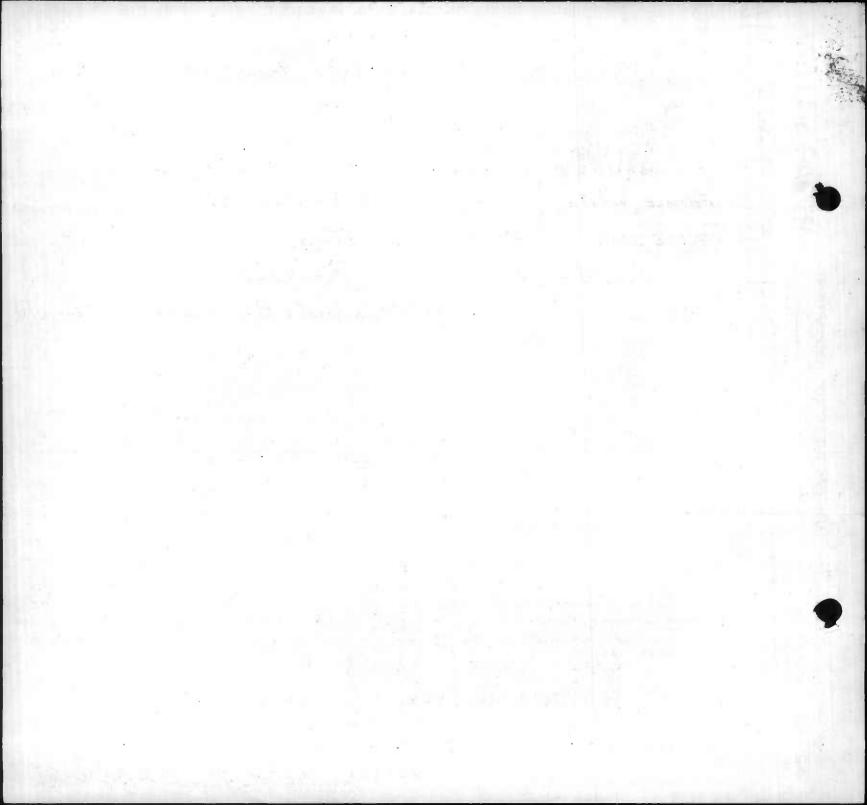




FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance an the deceased prior to death. Such written appraval must be obtained befare the remains are embalmed ar final disposition is made. This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a haspital and the bady was released to the haspital by a medical examiner. Also, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	100	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
1/2	0-620 68-28	22 CERTIFICA	TE OF DEATH	REG. NO.	68-2822
	IH NO.	CERTIFICA			
	AME OF DECEASED	τ	2. DATE AN	D HOUR OF DEATH	050
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3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	e dece6e€d lived. If in TY	stitution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Md.		2/-11
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don	during most of working life, even if retired)	- 11-11-			11 6 0
1	YOUSE WORK A	HOME	LIALY		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
	NICOLA FIR	RILLO	RAChEL	F CAS	FIA
15.	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give war or dates of servi	16. SOCIAL	17. INFORMANT		ADDRESS
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-	18.	CAUSE OF DEAT		ARBARINO	APPROXIMATE INTERVAL
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CAL	DEATH (notify medical examiner)	etc.)			
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
M	OF INJURY (APPROX.)	While At Not Whil	e		
		Work L At Work		1	
	22. I certify that (I) (this haspital) attend	ed the deceased from	A.	19 6 6 10	3-9-1968
	that (1) (we) last sow the deceased alive	on MARCH	7 19 68 ond the	at in (my) (our) opi	nion deoth occurred on the dote
	and hour and from the couses stated boy	e. (I) (We) (did) (did not) v	iew the body ofter deoth.		
	23A. SIGNATURE		1.0		23 B. DATE SIGNED
	Kull CII		nding Med.	Staff	2-9-68
	23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	Phys.	3 1 00
	23C. PHYSICIAN'S NAME (Type) CE ABSTIAN	RUCSOND	MIZ HARFI	ADD KDD	0 ^
	3177	DEGREE	2011 Muni	11000	Y
244	REMOVAL (Specify) 24B. DATE 24		2	OCATION (C	ity, town, or county) (State)
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25A	. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C TUNERAL DIRECTOR	1 11	ADDRESS
M	AR 13 1968 Robert F. J.	Introvation .	(Halton	Maria 5	414 BELDIE Rel.
VS	150-REV. 1/1/6B		J' Theren	CARLO O	TI DE TOTAL



C	~ = 1	68- 2823 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 2823
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	and asec the the	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	de de cea	(Type or Print EdNA WATTY Johnson MARCH 11, 1968 12:05AM.
	te Dot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	hos Jse (5) and de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY IMITS?
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	U .= -	PROVIDENT HOSPITAL E. STREET AND NUMBER 723 DOLPHIN ST.
	ntribut rminec egular ased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors of Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
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NER	a ody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU	he (2)	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	7.5	DEATH (notify medical examiner) etc.]
	hosinatu ept d (6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work Not While At Work
	S = > X E to	22. 1 certify that (1) (this haspitol) ottended the deceosed from 1964 to 19
	T 0 0	that (I) (we) last sow the deceased alive on 72 22 1968 and that in (my) (cor) opinion death occurred on the date
	9 73 + + A	ond haur ond from the causes stoted obove. (1) (We) (did not) view the body ofter deoth. 23A, SIGNATURE
	de d	
	accipaction to the	Arrending Med. Director Phys. 3 . 12 - 68 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	ificate m was reful) An acc A. at a b d prior to	Al Careland Chiceell I-
	A P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME at CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)

NTRY? dote This cert the body shows: (1 was D.O. deceased 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR Earl Gelmane 13 1968

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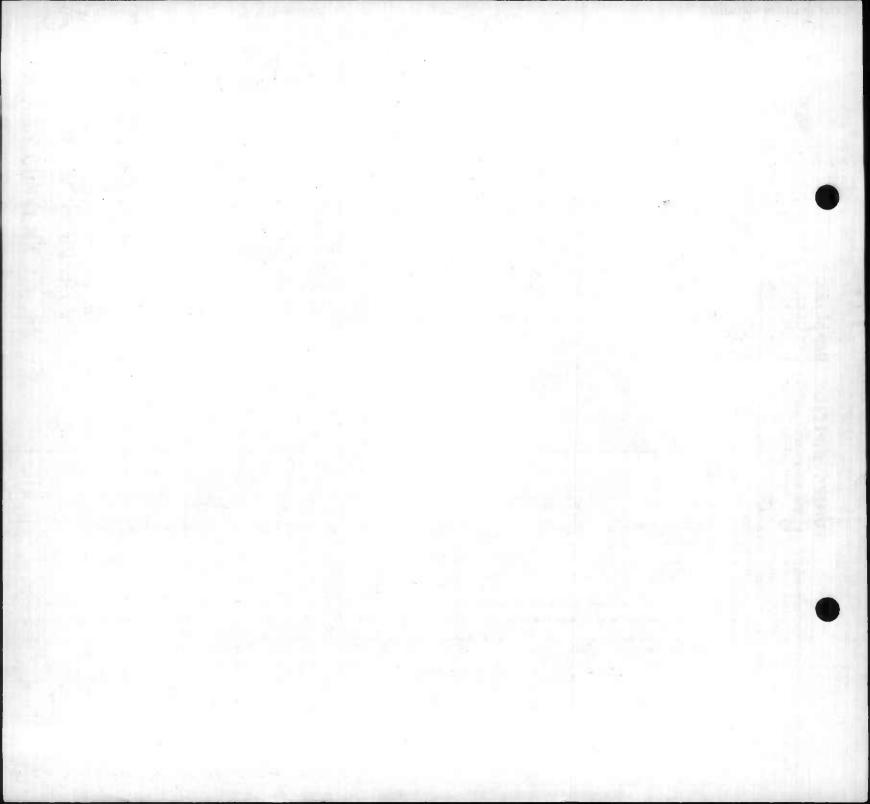
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m White	WIDOWED DIVORCED	7-6-05	62.	
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William H	1668	(nnn	iE Ga	rt rell
5. Was Deceased Ever in U. S. Armed Force	s? 16. SOCIAL	17. INFORMANT	12 6 90	ADDRESS
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FUNERAL DIRECTOR: IMPORTANT

REG. NO. pital and of death Deceased Such the INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO O hospital death. W. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MAR LAND, WHERE PRONOUNCED DEAD B. COUNTY ance A STATE (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF HOSPITAL OR C. CITY D. INSIDE CITY LIMITS? attend (4) Undetermined cause; 0 YES -NO prior contributing E. STREET AND NUMBER made regular OF BIRTH AGE (In years Months Doys S. SEX If Under 24 Ars. 6. RACE MARRIED NEVER MARRIED 8. DATE deceased Hours last birthdoyl WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIR HPLA/CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working lile, even if retired) 1000 or SD 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO ance any CAUSE OF DEATH 0 pronounce BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY Imed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., OR AS A CONSEQUENCE 0 heart foilure, osthenio, etc. It means the disease, 10 0 ٩ injury or complication which coused death.) 0 em gu ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF 70 are 4 DISEASES OR CONDITIONS, if ony, giving the above couse (A) stoling the (3) 2 physician before the remains UNDERLYING CONDITION last. Was medical burns: 753, II CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes/ or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED (5) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUBY (If In Boltimore City, give exoct location) where hospital ° DEATH (notify medical examiner) etc.) any nature; MEDIC obtained 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved Not While (except While At (APPROX.) and Work At Work to the 22. I certify that (1) (this hospital) ottended the deceased from 8 19 6 death); that (1) (we) lost saw the deceased alive on and that in (my) (ear) opinion death occurred on the date pe of 8 hospital 6 and hour and from the couses stated above. (1) (We) (did) did not view the body ofter deoth. was released must accident 23A. SIGNATURE 23B. DATE SIGNER Attending Med. 8 0 Phys. Director approval OEGREE 0 23C. PHYSICIA 23D. ADDRESSprior at NAME Type An O.A. 24A. BURIAL CREMATION, shows: (1) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION town, eceased (Stote) he body REMOVAL (Specily) decease Ġ BELAIR MEMORIAL BURIKL SD 2SA. DATE REC'D BY HEALTH 2SC. FUNERAL DIRECTOR ADDRESS 3 VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



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		ol mean the made a asthenia, etc. Il mean			, OR AS A C	ONSEQUENCE OF:				0
	injury or com	plicolian which couse	d deoth.)	1/	40 -	· dolali	LATIO			
		INTECEDENT CAUSE	S	(8)	unu	courun	aun			
		R CONDITIONS, if		9	OR AS A	CONSEQUENCE OF:				
		obave couse (A) CONDITION last.	Storing	(C)						
	4937	< II			1 1	1	. «			
ON		CANT CONDITIONS CO			PION	. Udenac	arcinon	la.		
AT		H BUT NOT RELATED TO ONDITION GIVEN IN PA		TAL OUT	var	4				
F	19A. DATE OF		NDITION F	OR WHICH OPERATION	N	20 A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CAUSES OF E	DEATH?	
ERTIF	1					YES			YES	
C	OR CONTRIBU	IT WAS UNDERLYING		home, form, foctory, s	(Y (e.g., in o street, office	bldg., INJURY OCCU	D (If in Boltin	more City, give	exoct location)	
CAL	DEATH (notify	medical examiner		etc.)						
ED	21 D. TIME OF INJURY	(Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURE	^	21F. HOW DID	INJURY OCCUR?			
\$	(APPROX.)				ot While		10.	4	/	00
	22. I certify	that (*)(this haspite	ol) attend	ed the dedeosed from	no det	2810	19 08 to	nace	v 10 196	28
		last sow the deceas		IN INTELL	r 10	19 68 and	d that in (my) (our)	apinian deot	h occurred on th	e date
					_	w the bady after dea		-		
	23A. IGNATU		1	or (1) (11 o) (ala) (ala		w me bady arret acc		238 DAT	E SIGNED	
VALMAN DON NA HALO MAD AND			Attend		Shaff	MAR	hely in 1	26		
	23 C. PHYSICIA	N'S X. W	1000	CC 1 WINDEG!	Phys.	Director L.	Phys.	1100	TO TO TO	100
	NAME (T	/pe)	ACTION	M			יייייייי א זאפיייייייייייייייייייייייייי	DATTIMO	מרכי שו שפו	, ,
1/1		RAYMOND J. I			GECKEE		TERN AVENUE -			
-4 /-	REMOVAL (S	MATION, 248. DATE	24	C. NAME of CEMETERY	OF CREM	24.	D. LOCATION	(City, town, o	r county) (5)	tote)
	remation			Greenmount	Cemete		Baltimore, 🛚	d.		
25/	DATE REC'D	BY HEALTH DEPT.	A .	ME OF REGISTRAR		2SC. FUNERAL DIREC			ADDRESS	
	MA	R 13 1968 (John	t E, tables	100	Ullrich Fu	neral Home D	undalk,	Md.	
15	150-REV. 1/1/6	8								

Gty Hospital Records and V.S. 153 3-21-68 M.H.

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and

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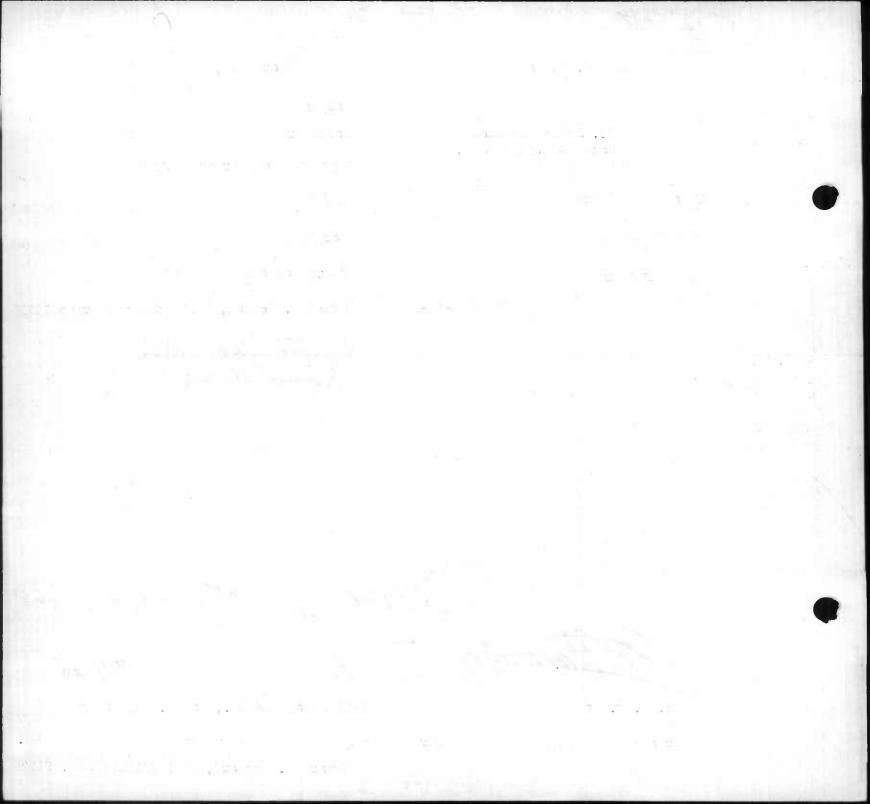
3 0

Registered No. RTIFICATE OF DEATH BIRTH NO. M.E. CASE NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Sr. 4. USUAL RESIDENCE Where deceosed lived. If institution: residence A. STATE B. COUNTY If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location)ond that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED written Baltimore, Maryland 3-14-1968 Loudon Park Cemetery 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

the stripe and, the stripe is the stripe of

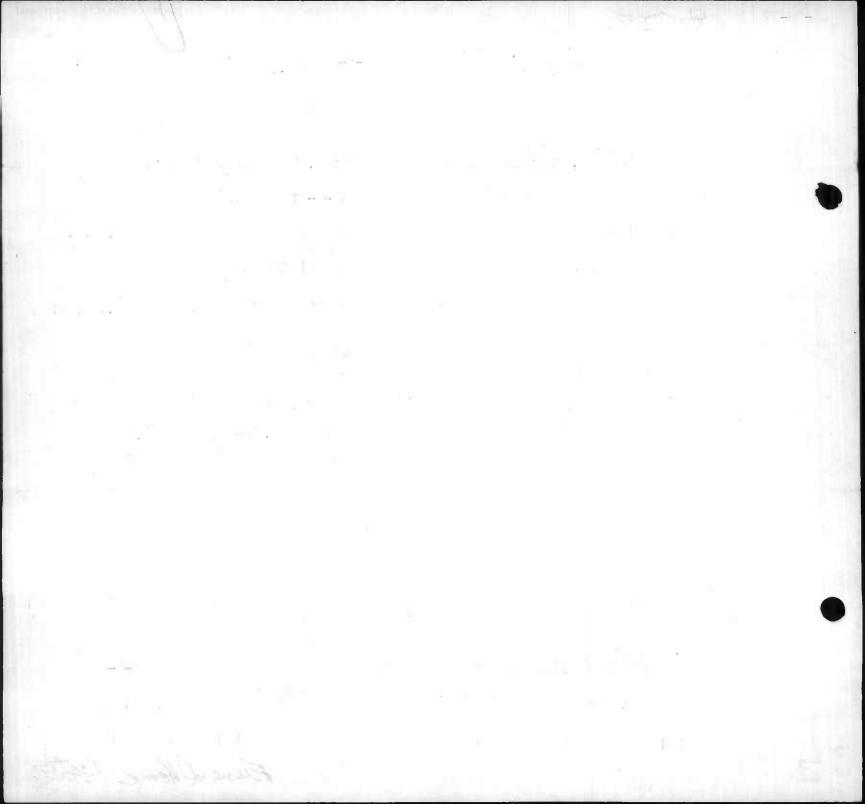
(Type or Print)	Ruth N. Bok	man		1	ate and hour of de March 11, 1968		
3. PLACE IN BA	LTIMORE, MARYLAND,		UNCED DEAD	4. USUAL RESIDENC	E (Where deceased lived.	If institution; resid	ence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	Maryland c. CITY OR TOWN		INSIDE CITY LIMIT	55-42
INSTITUTION	St. Agnes	Hospita	al	Baltimore		YES X	NO 🗌
40	Caton & W	ilkens A	Ave.	E. STREET AND NU			
E 054	6. RACE	7		8. DATE OF BIRTH	dale Drive	21230 If Under 1	Yr. If Under 24 H
5. SEX			X NEVER MARRIED		last birthday)	Months Do	ys Hours Min.
Female	White	WIDOWED	DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	4/14/07 Y 11, 81RTHPLACE (Stote	60 ar fareign cauntry)	12. CITIZEN	OF WHAT COUNT
done during mast a	working life, even if retired)						
Housew				Maryland 14. MOTHER'S MAID	FN NAME		USA
131 PAINER 3 147							
John F	isher d Ever in U. S. Armed Fo	2	1 6. SOCIAL	Susie Ma	cbaee	A	DDRESS
(Yes, no or unknow	(If yes, give wor or da	tes of service)	SECURITY NO.	17. INFORMANT			DOKE33
No			218-44-5180 CAUSE OF DEA		Bokman, 2832		Drive 212
heart failure injury ar co	LEADING TO DEATH nal mean the made of , asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if ne above cause (A)	of dying, e.g., s the disease d death.) S	(8)	S A CONSEQUENCE OF	Myocare,	dial .	
DISEASES rise to 1 UN DERLYIN OTHER SIGN TO THE DEL DISEASE OR	nal mean the made of a sthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if a abave cause (A) G CONDITION last.	of dying, e.g., s the disease d death.) S any, giving the stating the ONTRIBUTING THE TERMINAL ART 1 (A).	(8)	S A CONSEQUENCE OF	rtili,		ONSIDERED
DISEASES rise to t UN DERLYIN OTHER SIGN OTHER DEA	nal mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) G CONDITION last.	of dying, e.g., s the disease d death.) S any, giving the stating the ONTRIBUTING THE TERMINAL ART 1 (A).	(8)	S A CONSEQUENCE OF	es or No) 208, IF YES, W		ONSIDERED ATH?
DISEASES rise to 1 UN DERLYIN TO THE SIGN TO THE DE DISEASE OR 19A. DATE OF OR CONTRI DEATH (not)	nal mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) G CONDITION last.	of dying, e.g., s the disease d death.) S any, giving stating the one of the terminal triangle of the triangle of triangle of the triangle of tri	(8)	S A CONSEQUENCE OF	es or No) 208, IF YES, W	/ERE FINDINGS CO	ATH?
DISEASES rise to f UN DERLYIN OTHER SIGN TO THE DE, DISEASE OR 19A-DATE OF OR CONTRI DEATH (notice) OR CONTRI DEATH (notice)	nal mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) is a condition last. I I I I I I I I I I	of dying, e.g., s the disease d death.) S any, giving stating the DNTRIBUTING THE TERMINAL RET 1 (A). NOTION FOR REFORMED	(8)	S A CONSEQUENCE OF	es or No) 208, IF YES, W	VERE FINDINGS CO	ATH?
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DISEASES rise to 1 UNDERLYIN OTHER SIGN TO THE DESEASE OR 19A-DATE OF TOR CONTRI DEATH (notice) TO THE DESEASE OR 19A-DATE OF TOR CONTRI DEATH (notice) TO THE DESEASE OF TO THE TOR T	nal mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the abave cause (A) G CONDITION last.	of dying, e.g., s the disease d death.) S any, giving the stating to the stating the sta	(B)	20A. AUTOPSY? (You	DID CUR? (If In Bo	PERE FINDINGS CO CAUSES OF DEA	xoct location)
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DISEASES rise to 1 UN DERLYIN OTHER SIGN TO THE DE, DISEASE OR 19A. DATE OF OR CONTRI DEATH (notice) OF INJURY (APPROX.) 22. 1 certifit that (1) (was	nal mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if ne abave cause (A) G CONDITION last.	of dying, e.g., s the disease d death.) S any, giving stating the stating th	(8) DUE TO, OR AS (8) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED (a) Not Whork The deceases from (1) (We) (did) (did not)	20A. AUTOPSY? (Your or obout 21C. WHERE affice bldg., INJURY OC	DID INJURY OCCUR? 19 ta	PERE FINDINGS CO CAUSES OF DEA	xoct location) 19 6 caccurred an the d
DISEASES rise to 1 UN DERLYIN OITHER SIGN TO THE DE, DISEASE OR 19A. DATE (O OR CONTRI DEATH (notice) OF INJURY (APPROX.) 22. 1 certifit that (1) (we and hour of	nal mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if ne abave cause (A) G CONDITION last.	of dying, e.g., s the disease d death.) S any, giving stating the stating th	(8) DUE TO, OR AS (8) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED hile At Not Whole the deceased fram At World the deceased fr	20A. AUTOPSY? (Year in or obout 21 C. WHERE affice bldg., INJURY OC	DID (If in Bo) CUR? (If in Bo) CUR? 19 ta	TERE FINDINGS CO CAUSES OF DEA Itimore City, give of	xoct location) 19 6 d
DISEASES rise to 1 UN DERLYIN OTHER SIGN OT	nal mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if me abave cause (A) G CONDITION last. II FICANT CONDITIONS CONTINUE OF OPERATION 1984. CONDITION GIVEN IN PART OF OPERATION 1985. COWAS PERT WAS UNDERLYING CAUSE OF medical examiner) (Manth) (Doy) (Year of the cause of the caus	of dying, e.g., s the disease d death.) S any, giving stating the stating th	(8) DUE TO, OR AS (8) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED hitle At Not Whork At World the deceases from At World the deceases from At World (II) (We) (did) (did not)	20A. AUTOPSY? (Year in or obout 21 C. WHERE affice bldg., INJURY OC	DID (If in Bo) CUR? (If in Bo) CUR? 19 ta	TERE FINDINGS CO CAUSES OF DEA Itimore City, give of	xoct locotion) 19 6 d
DISEASES rise to 1 UN DERLYIN OITHER SIGN TO THE DE, DISEASE OR 19A. DATE (O OR CONTRI DEATH (notice) 21D. TIME OF INJURY (APPROX.) 22. 1 certifity that (1) (we and hour o 23A. SIGNA) 23C. PHYSTC NAME	nal mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if me abave cause (A) G CONDITION last. II FICANT CONDITIONS CONTINUE OF OPERATION 1984. CONDITION GIVEN IN PART OF OPERATION 1985. COWAS PERT WAS UNDERLYING CAUSE OF medical examiner) (Manth) (Doy) (Year of the cause of the caus	of dying, e.g., s the disease d death.) S any, giving stating the stating th	(8) DUE TO, OR AS (8) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED hile At Not Whole the deceased fram At World the deceased fr	20A. AUTOPSY? (Your of the bidg, INJURY OC	DID (If in Bo) CUR? (If in Bo) CUR? 19 ta	dere findings concerns of causes of death of apinion death of the causes of death of the cause o	accurred an the d
DISEASES rise to 1 UN DERLYIN OITHER SIGN TO THE DE, DISEASE OR 19A. DATE (0 01 OR CONTRI DEATH (not) OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. 1 certifit that (1) (we and haur of 23A. SIGN(a) 23C. PHYSIC	nal mean the made of asthenia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if me abave cause (A: G CONDITION last.	of dying, e.g., s the disease d death.) S any, giving stating the stating the TERMINAL (A). NOTRIBUTING THE TERMINAL (AT 1 (A). NOTRIBUTING FOR REPORMED 211 hori etc. (Hour) 218 W.W. at at the dead seed a live on at ed abave.	(8) DUE TO, OR AS (8) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, factory, street, c.) E. INJURY OCCURRED hile At Not Whole the deceased fram At World the deceased fr	20A. AUTOPSY? (Your office blody, INJURY OC	DID INJURY OCCUR? 19 ta	dere findings concerns of causes of death of apinion death of the causes of death of the cause o	ands



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

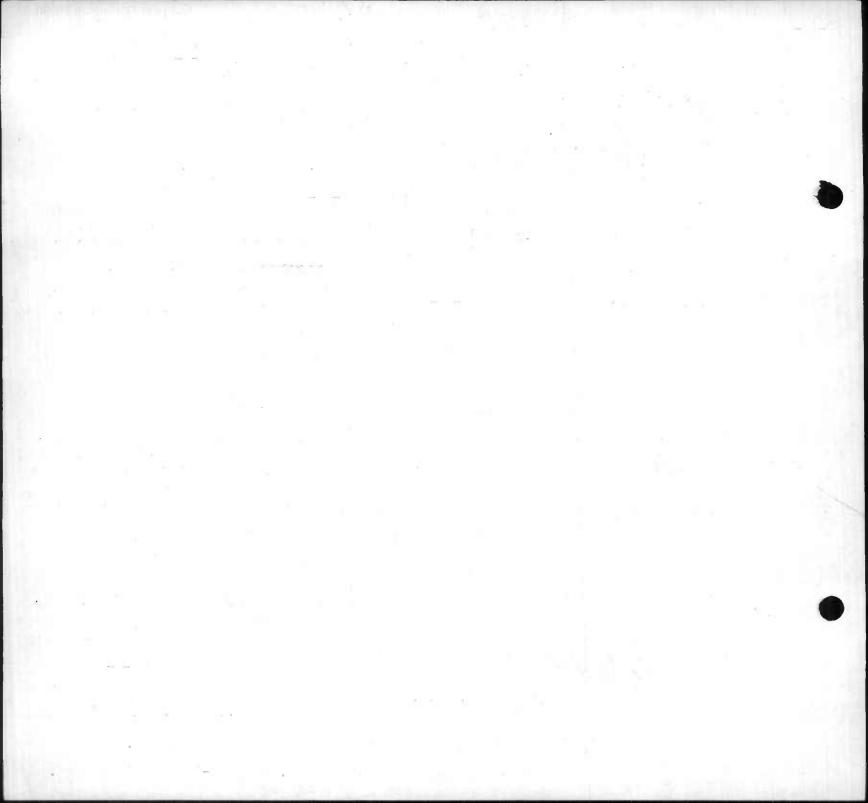
D.	CA CO	2020	BALTIMORE CITY	HEALTH DEPARTMEN		00000
BIRTH NO.	72 0 00	2829	CERTIFICA	TE OF DEAT	H REG. NO	68-2829
1. NAME OF DEC	REANE REANE	C. /	NEX/BACON	3-9-68 - 9-6	B 53 / PM	5:35 PM
3. PLACE IN BAI	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived. If	institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	MARYLAND		00-0
NSTITUTION T	ADDRESS OR LOCA BALTIMORE CITY		ATC	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
_	1940 EASTERN A		A.L.S	BALT IMORE E. STREET AND NUMBER E. STREET	FR	YES X NO .
	BALTIMORE, MAR		21224			21223
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
FEMALE	WHITE	WIDOWED		11-7-91	10st birthdoy)	Williams Doy's Hours Williams
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of MARYLAND)	or foreign country)	12. CITIZEN OF WHAT COUNT
3. FATHER'S NA				14. MOTHER'S MAIDEN	NAME	0, -,
CHAP	RLES DIFFENDA	AL		Henriet	ta Thomas	
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT - RAT	TIMORE CITY H	HOSP TTA TS
Yes, no or unknown	(If yes, give wor or date	s of servicel	None	RECORDS: DAI	EASTERN AVENUE	BALTO.,MD.#21224
18, 5	Y I		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY			_	BETWEEN ONSET AND DEA
heort foilure, injury or con	not meen the mode of osthenio, etc. It meens application which coused ANTECEDENT CAUSES OR CONDITIONS, if	the diseose, deoth.)	(B)	Bronche A CONSEQUENCE OF:	tasis, + l	let middle ower lobes.
rise to 1h	e obove couse (A) G CONDITION lost.		(c) Chro	ni Olesti	utwe fem	y Disense
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL		, ,	V3. Cu.	
HE (F OPERATION 198. CON WAS PER	FORMED		NO	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer	218. home	PLACE OF INJURY (e.g., e, form, foctory, street, o	in or about 21C. WHERE E ffice bldg., INJURY OCCI	DID (If In Baltin J R?	nore City, give exoct lacation)
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED		D INJURY OCCUR?	
(APPROX.)		Whil	le At Not Whi			
22. 1 certify	y that (i) (this hospita	l) ottended th	ne deceosed from	5-24	19.66 to	3-9-19.6
) lost sow the deceose ad from the couses sto					pinion deoth occurred on the d
23A. SIGNAT			. 1	,		23B, DATE SIGNED
9	Wanh As	ord ru	DEGREE Phy	ending Med. Director	Staff X	3-9-68
23C. PHYSICI	Type) MARK	LOWMILL	ER,MD.	23D. ADDRESS BALT	IMORE CITY HO	SPITALS TO.,MD. #21224
24A. BURIAL CR		24C. NA	ME of CEMETERY OF CR	-17		(City, town, or county) (State)
Burial	3/12/		udon Park (emetery		, Maryland
ZSA, DATE REC'I	BY HEALTH DEPT.	25B. NAME O	4 T 6	2SC. FUNERAL DIRI	Falter 9	May Pratty

VS 150-REV. 1MAR 13 1968 R. C. B. E. Fellen



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such an appropriate the character of the capital disposition is made.

112121 00 00	BALTIMORE CITY	HEALTH DEPARTMENT	00 0000			
W-656 68-28	CERTIFICA	TE OF DEATH REG. NO	. 68- 2830			
BIRTH NO.	GERTII 167					
(Type or Print) Wewner D.	WARNER, ROY	2. DATE AND HOUR OF DE	9:45PM			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONDUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	l. If institution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	. INSIDE CITY LIMITS?			
BALTIMORE CITY HOS		BALTIMORE	YES NO			
4940 EASTERN AVENU BALTIMORE, MARYLAN		102 W. 26TH STREET	#2121¢			
	RIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years				
MAIE WHITE WIDO	WED DIVORCED	6-11-98 lost birthdoy! 69	Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Mill Worker Hoo	per's Mill	MANCHESTER, MARYLAND	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
JAMES WARNER		MANAGER Amanda	Bollinger			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of serv	213-14-3790A	PECORDS BALTIMORE CITY	HOSPITALS			
Yes WW I		4940 EASTERN A	VENUE., BALTO., MD. 21224			
18. 0 3 8. 9 I	CAUSE OF DEAT	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		and the transfer				
(This does not meon the mode of dying,	e.g., QUE TO, OR AS	SE UN KNOWN. A CONSEQUENCE OF:				
heort foilure, osthenio, etc. It meons the dis injury or complication which coused death.)	eose,					
ANTECEDENT CAUSES	101220 Q101	e handsluce is com.				
DISEASES OR CONDITIONS, if ony, g		A CONSEQUENCE OF:				
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	(c) Possible	gram neg Sepsis.	+ Shock.			
053.3						
O THER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	.00000000000000000000000000000000000000	20A. AUTOPSY? (Yes or No) 20B. IF YES, V	VERE FINDINGS CONSIDERED			
19A. DATE OF OPERATION WAS PERFORMED		NO IN CERTIFYING	G CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Bo	offimore City, give exact location)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
(A PPROX.)	White At Not While At Work					
22. 1 certify that (1) (this haspital) attend	ded the deceased fram	113-20- 1967 10	3-9 19.68.			
that (1) (we) last sow the deceased alive	on3-9	19.68 and that in (my) (our) opinion death occurred on the date			
and hour and from the causes stated abo	ve. (I) (We) (did) (did not) v	iew the body ofter death.				
23A. SIGNATURE	770	adia — sur at	23B. DATE SIGNED			
Marktown	Attending Med. Staff 3-9-68					
PARK LOWN	IIILER MD.	BALTIMORE CITY 1	HOSPITALS			
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE	4940 EASTERN AVE. BAI	(City, town, ar county) (State)			
REMOVAL (Specify)						
	Baltimore Nat:	ional Baltimo 25C. FUNERAL DIRECTOR	ADDRESS			
1300 Olobub	E. Jabana	Austin E.Donovan-3	818 Roland Ave.			
VS 150-REV. 1/1/6B						



5-616

68- 2831 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

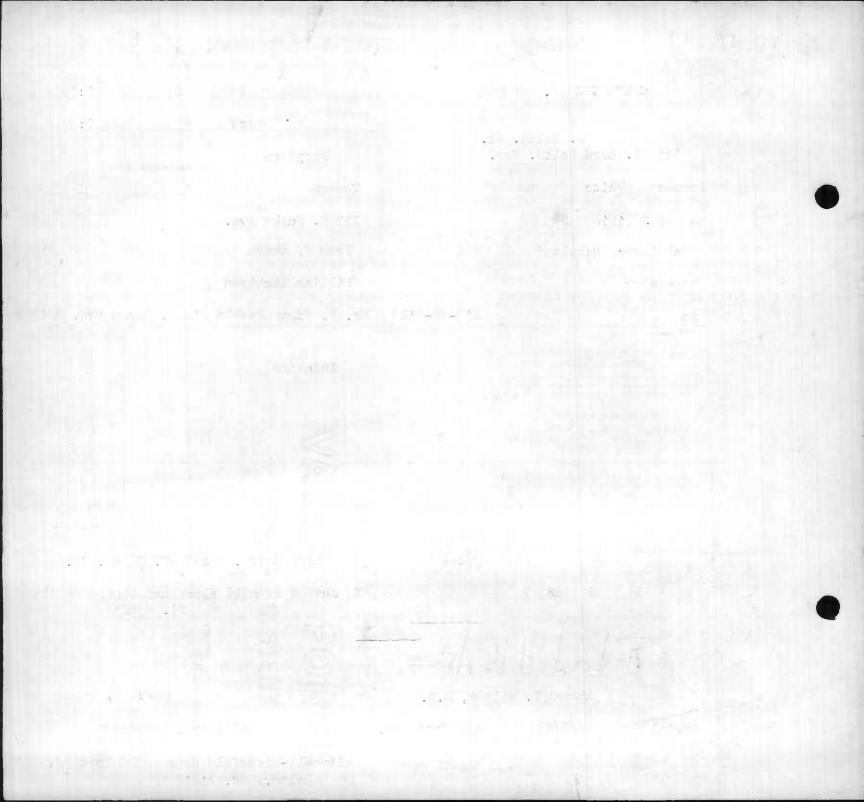
68- 2831

BIRTH NO.	REG. NO.
1. NAME OF DECEASED Ted A. Scarborough also (Type or Print) THEODORE A. SCARBOROUGH	2. DATE Known M Month Doy Yeor Hour OF DEATH Estimoted March 9, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 9, 1968 7:35 A.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission).
1214 Cedar Croft Road	A. STATE Maryland B. COUNTY 27-38
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMPS?
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr Nonths, Doys, Hours, Min 57	
11. BIRTHPYACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. EATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDENY NAME
COMBACTOR. METAL.	Molan Jones
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	NITAM. SCARBOROUGH.
19. 4/2 9 CAUSE OF DE	
LEADING TO DEATH	riosclerotic cardiovascular disease
(A)IMMEDIATE	CAUSE R AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	A CONSEQUENCE OF
Z COLUMN (C)	
CC	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	NAS PERFORMED 21. AUTOPSY? (Yes or No.)
UNDERLYING OR CONTRIB- home, farm, foctory, street, of	i., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOWDID INJURY OCCUR?
OF INJURY (APPROX) WHILE AT NO	OT WHILE -
23. m. WORK AT	WORK L
I certify that I held on Inquiry Inspection A	utopsy 💢 ond that on this basis, death In my opinion
resulted from: Notural couses Accident Suic	ide Homicide Undetermined monner
(N) 8 () . D	CHIEF MEDICAL EXAMINER
SIGNATURE CLAND MM	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles & Springerto M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) CHARLES 5. SPITINGALE, M.D.	March 9, 1968
REMOVAL (Specify) 3/12/68 MORELAN	11 1 1 1 7 - 0
MAR 13 1968 (Leab & Jackson MAR 13 1968)	25C. FUNERAL DIRECTOR Stanlefield Home.
VS 151.REV 1/1/68	(Sec 2/04/14. 2/2/2

will be to be for the state of

BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REGINO. 68- 2832
BIRTH NO.	NEG. 110.
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Month Doy Year Hour
CATHERINE A. RUCKLE	OF DEATH Estimoted 3 6 68 7:20 a M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD March 6 1968 7:20 a M
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION T.T. Do 1 to C to	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
W. Balto. St.	A. STATE B. COUNTY ()
4th fl. Lord Balto. Hos.	Maryland 19 acts C.
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Towson YES NO X
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
August 26.1910 Ost birthdoy) Months, Doys, Hours, Min.	212 E. Burke Ave.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
MULAT COUNTRY?	
Doct of interior of	John J, Ahern
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
homemaker	Lillian Atchison
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	Mr. F. Edgar Ruckle 212 E. Burke Ave. #212
19. E 957 XI CAUSE OF DEA	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Injuries
(This does not mean the made of dying, e.g., DUETO, OR	CAUSE Injuries AS A CONSEQUENCE OF:
heort foilure, osthenlo, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(0)	
OF THE RIGHT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
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	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING NOR CONTRIB-	ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E INJURY OCCURRED	Lord Balto, Hotel W. Balto, St.
OF INITIDY	
	WORK X Jumped from 16 floor and landed on 4th
23.	
I certify that I held on Inquiry Inspection X A	utapsy and that on this basis, deoth in my apinian
	de 🔀 Homicide 🗌 Undetermined manner 🗍
	CHIEF MEDICAL EXAMINER
ACTUAL PARTY OF THE PARTY OF TH	DATE SIGNED
SIGNATURE M.I.	D. ASSISTANT MEDICAL EXAMINER 1
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	March 6, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
BEMOVAL (Specify) 3/8/68 Cathedral Cen	m Dollingua Manuland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 13 1968 (P.D. & E. Frederica	Mitchell-Wiedefeld Home 6500 York Rd.
The state of the s	

VS 151-REV. 1/1/6B N869.0 Mitchell-Wiedefeld Home 6500 York Rd. Balto., Md. 21212



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13. FATHERS NAME

Luther E. Long

15. Was Deceased Ever in U. S. Armed Forces?

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2:30 A.

U. S. A.

BETWEEN ONSET AND DEATH

l Year

68- 2833 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) LONG, Joseph Preston 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION HOSPITAL INSTITUTION Veterans Administration Hospital C. CITY OR TOWN Baltimore 3900 Loch Raven Boulevard Baltimore, Maryland 21218 S. SEX MARRIED NEVER MARRIED Male Caucasian DIVORCED WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired)
Interior Decorator

2. DATE AND HOUR OF DEATH March 10, 1968 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland Baltimore

D. INSIDE CITY LIMITS? YES K NO

E. STREET AND NUMBER

2738 Harford Road

9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Monthsi Doys Hours lost birthdoy) 6-24-98 12, CITIZEN OF WHAT COUNTRY?

Maryland 14. MOTHER'S MAIDEN NAME

Bronchogenic carcinoma

Anna F. Masscitt

17. INFORMANT Records ADDRESS

SECURITY NO. V. A. Hospital, Baltimore, Maryland 21218 215-03-1695 4-16-17 to 6-6-19 Yes CAUSE OF DEATH APPROXIMATE INTERVAL

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION last.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF:

162,1 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

(A) IMMEDIATE CAUSE

(If in Boltimore City, give exact location)

MEDICAL 21 D. TIME (Month) (Doy) (Year) (Hous) OF INJURY (APPROX.)

21 E. INJURY OCCURRED While At [

21 F. HOW DID INJURY OCCUR? Not While

22. I certify that (1) (this hospital) attended the deceased from February 23.

Work At Work

19 68 to March 10. thot XI) (we) lost sow the deceased alive on March 10, 19 68 and that in Year) (our) opinion death occurred on the date

and hour and from the causes stated above (We) (did) (We) view the body after death.

Unknown

6. SOCIAL

Attending [Director ___

25C. FUNERAL DIRECTOR

23 B. DATE SIGNED 3-10-68

23 C. PHYSICIAN'S NAME (Type)

23A. SIGNATURE

Richard H. Anderson, M. D. 23D. ADDRESS Records

V. A. Hospital, Baltimore, Maryland 21218

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

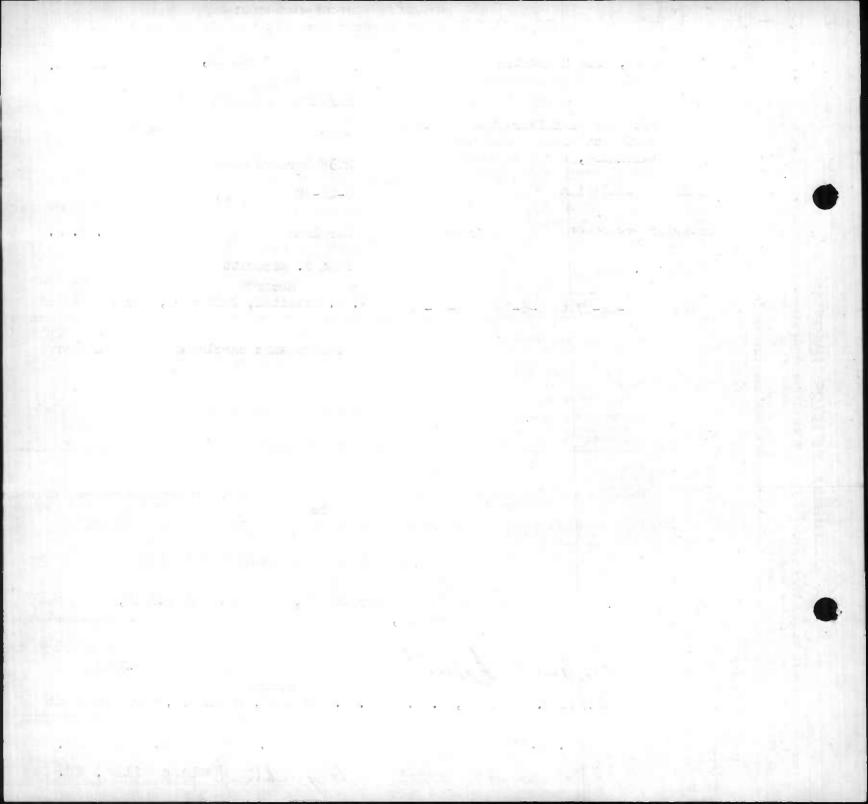
24C. NAME of CEMETERY OF CREMATORY

Mar. 13, 1968 Beltimore National Cem. Beltimore, Maryland.

258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

Owings Mills, Md.

VS 150-REV. 1/1/6B



a hospital

cause

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

REG. NO.

TE AND HOUR

OF DEATH

Sarah

3. PLACE IN	BALTIMORE	MARYL	AND.	WHERE	PRONOUN	NCED	DEAD
(Type or Print)	DECEMBED	Nora	Co	les			
I, NAME OF	DECEASED						
DIKITI INO.			-	/ /			

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IMPORTANT

DIRECTOR:

FUNERAL

the chief medical examiner

4. USUAL RESIDENCE (Wheel Maryland

D. INSIDE CITY LIMITS?

eased lived. If institution: resid

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore City Hospitals

C. CITY OR TOWN Baltimore E. STREET AND NUMBER

YES X NO Baltimore City Hospitals

4940 Eastern Avenue Baltimore.Maryland 6. RACE 5. SEX

7. MARRIED NEVER MARRIED WIDOWED X DIVORCED

9. AGE (In years B. DATE OF BIRTH lost birthdoy 1-14-1887

4940 Eastern Avenue,

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY?

10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. B) RTHPLACE (State or foreign country) done during most of working life, even if retired)

Negro

Virginia

4. MOTHER'S MAIDEN NAME

U.S.A.

13. FATHER'S NAME

Female

John Bland

17. INFORMANT

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service)

6. SOCIAL SECURITY NO.

CAUSE OF DEATH

Records: BCH-4940 Eastern Avenue

21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving The above couse (A) sloting the UNDERLYING CONDITION lost.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

334X П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL

DISEASE OR CONDITION GIVEN IN PART 1 (A)

19 A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CERTIFIC 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

MEDICAL 21 D. TIME OF INJURY (APPROX.)

(Month) (Doy) (Year) (Hour)

21E. INJURY OCCURRED While At Not While f Work At Work

21F. HOW DID INJURY OCCUR?

) attended the deceased fram 22. I certify that (1) (this haspited ast saw the deceased alive an

and haur and from the causes stated above (1) (We)

(djd) (did nat) view the bady after death.

and that in (my) aur) apinian death accurred an the date

Attending

Director ___

23 B. DATE SIGN Baltimore City Hospitals

23C. PHYSICIAN'S NAME (Type) Robert N.

23D. ADDRESS

DEGREE 4940 Eastern Avenue, Baltimore, Maryland 21224 24D. LOCATION

24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)

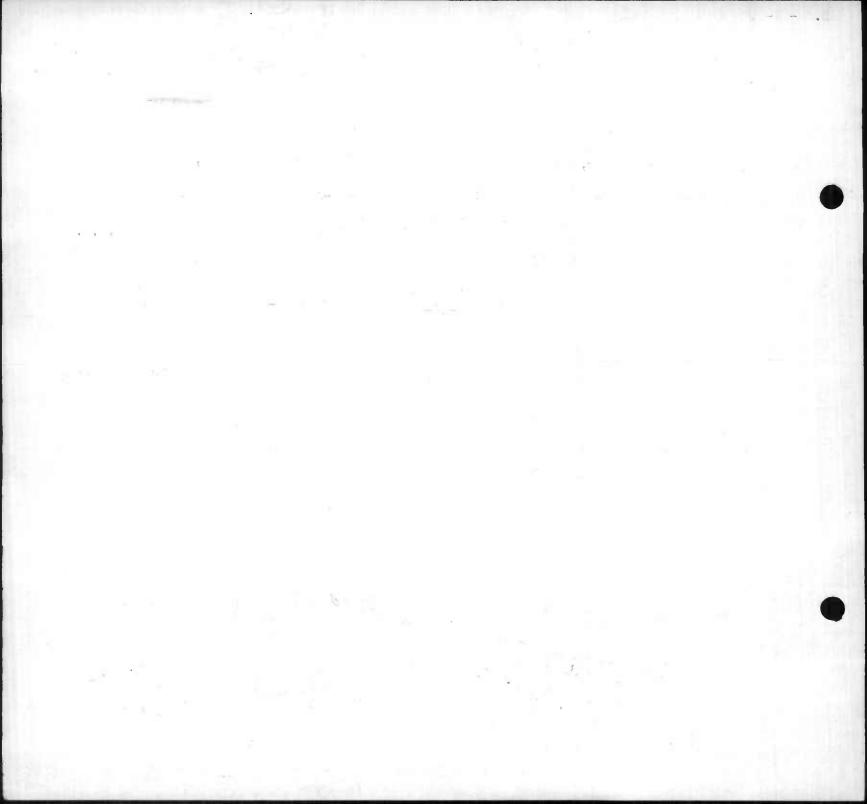
24C. NAME of CEMETERY OF CREMATORY

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV, 1/1/68

to the hospital nature; (except any hospital was released accident 0 at An d the body 0.0 shows:



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

		60_ 0	BALTIMORE CIT	Y HEALTH DEPARTMENT	\/	68- 2835	
BIRTH NO.		00- 2	835 CERTIFICA	TE OF DEATH	Registered No.	00 2000	
M.E. CASE	NO. DE DECEASED			2 DATE AND	HOUR OF DEATH		
(Type or Pri	(int)	nedee A; e	cis Raphel	March 9, 1968			
3. PLACE	OF DEATH IN BALTIMO	RE MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If in	stitution: residence before admission)	
FULL N	AME OF (If not in	hospitol or institut	ion, give street	Maryland	Baltin	one's 53-00	
INSTITU	TION			lowson	ide city limits, write	RURAL ond give township)	
رماني	Long Green Nursing Home			D. STREET ADDRESS (IF TO 523 Alleghan	ry Avenue		
5. SEX Male	6. RACE White	WID	RIED, NEVER MARRIED DWED, DIVORCED (specify)	Sept. 21, 1879"	AGE (In years ost biology)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	MOCCUPATION (Give kind most of working fife, even if		D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?	
Surve	war- retired		? Employed	Maryland		USA	
13. FATHER	igene Fressen	jat Raphe	L	Jeanette S.	-		
15. Wos De	eceased Ever in U. S. Ar	med Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
No	None	i or anies or serv	219-07-4226	Family record	10		
1B, /	HOILE			OF DEATH		INTERVAL BETWEEN	
1.4	-40.9		CAUSE	OF BEATH	10	ONSET AND DEATH	
	LEADING TO			into (in diano	Tailure	4	
(This	does not mean the m		e.g., DUE NO	we armoe	yraunic		
heort	foilure, osthenio, etc. It	meons the disc		1			
Injury	or complication which		(P)	Interioscleros	us		
	ANTECEDENT C		DUE TO				
	SES OR CONDITION To the obove caus		ving				
	RLYING CONDITION		lhe (C)				
11	50.0 11						
ZOTUE	R SIGNIFICANT CONDIT						
	THE DEATH BUT NO		THE				
U 19A.D	ATE OF OPERATION 1		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
ERTIF	CCIDENT WAS UNDER	I WING T	210 81 4 65 65 15111107	in at about 21.0 WHERE DID	116 '- B 44'	- Circuit and the circuit	
_ OR CO	ONTRIBUTING CAUSE I (notify medical exomine	OF _	home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II IN BOILMOT	e City, give exoct tocotion)	
21 D. TI OF IN.		(Yeor) (Haur)	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	11 002 511	
E (APPRO			While At Work At Work			,	
22 1	certify that (1) (ship h	pospital) attend	ed the deceased from		68 10 M	arch 9 1968,	
	l) (was lust sew the d		144 11			nion death occurred on the date	
				view the bady ofter death.			
23A. NGNATURE 23B. DATE SIGNED/							
1	5011511100	The	M.D. At	tending Med. Director	itoff Phy s.	3/11/68	
23C. PI	YSICIANS	-100	<i>Y</i>	23D. ADDRESS	1	1 / /	
N	ME (Type)	= 0	Hot M.D	1000 - 11.0	Vd-Ka	Olivers 21212- Md	
	AL CREMATION, 24B.	DATE 24	C. NAME of CEMETERY OF CI	· of our	CATION IC	ity, town, or county) (State)	
Bur	in / M	r. 11. 1	068 St Start	a's Compton	adahan M	land	
25A. DATE	RECID BY HEALTH OF		968 St. Stephan	25C. FUNERAL SUIKECTOR			
	MAN AU 190	O Colore	O. C. Monday	John Burns S	ons, Towsor	n, Maryland	
VC 150 DE	1 3/3//5						

the state of the state of or to a stance Jaka bigaresi r Sarrosa (Mark) William VIII 1997 L. The state of the s Jahr Carrel Sons, Faceurs, Macadend

	00 0	BALTIMORE CITY	HEALTH DEPARTMENT	V	110 0000				
	68- 2	CERTIFICA	TE OF DEATH	REG. NO.	(18 2836				
	IRTH NO.			HOUR OF DEATH					
	Type or Print) CUILLIAN A- FI	CHONTO	3-10		12:30 P M.				
3	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in:	stitution: residence before admission)				
				ī	53-00				
1	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?				
11	NSTITUTION		BAUTILLORE (2	YES A NO				
R	7 MERCY HOSPITA		E. STREET AND NUMBER						
*			7317 E 10	PPA RD					
S	SEX 6. RACE 7. MARR	IED NEVER MARRIED		. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.				
	M WIDOV	VED DIVORCED	11-74-83	84					
	OA. USUAL OCCUPATION (Give kind of work 10B. KIN I one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?				
0	RETIRED-MACHINIST E	Black + Decker Mfg. Co	(U.SA) W	ARYLAND	U.S.A.				
1	3. FATHER'S NAME	The second stripe to	14. MOTHER'S MAIDEN NAM	E					
	+OHO THOMAS FISH	() M()	SARAH 1	= ING					
	S. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS				
C		ce) SECURITY NO.	Family Rece	erda					
-	No None	CAUSE OF DEATH		143	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	/		BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	ALVIAN EDIATE CALL	SE PULMODAR	4 EVALA					
		(This does not meon the mode of dying, e.g.,							
	heort foilure, osthenio, etc. II means the diseose, injury ar camplication which coused deoth.)								
	ANTECEDENT CAUSES	(0)							
	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:						
	rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C) ACUD, COR. ART. DISERTE								
	420.1	(9/11/100011/000000000000000000000000000							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL							
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?				
	E S S S S S S S S S S S S S S S S S S S		9 ES	100-					
Ш	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(It in Boltimor	e City, give exoct location)				
	DEATH (notify medical examiner)	etc.)							
	21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?					
	(APPROX.)	While At Not While At Work							
	22. I certify that (I) (this haspital) attend	ed the deceased from	2-2-6	968 to	3-10 1967				
	that (I) (we) lost sow the deceased olive		19 6 8 and the	t in (my) (our) opi	nion death accurred on the dote				
	and hour and from the couses stated above		iew the bady ofter death.						
	23A. SIGNATURE	1.0	23 B. DATE SIGNED						
	Some G. Jone	Phys	nding Med.	Staff Phys.	3-10-68				
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	40					
	NAME (Type)	5 M.P.	MERCY	1057 (PA	L				
12		C. NAME OF CEMETERY OF CRI	MATORY 24D. LC	CATION (Ci	ty, town, or county) (State)				
	REMOVAL (Specify) PILO 14 (MAD 12 1919)	NILLand Methodia	, P. + 1	Lynn Ro	Ita Can Mit.				
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	MI SON /VIE 10015	2SC. FUNERAL DIRECTOR	Orcini Da	ADDRESS				
	ZJE IVA		John Bu	mes lone	Town Med				
		Q John Court	Juli Ju	TONY ASTINA	Howen han				

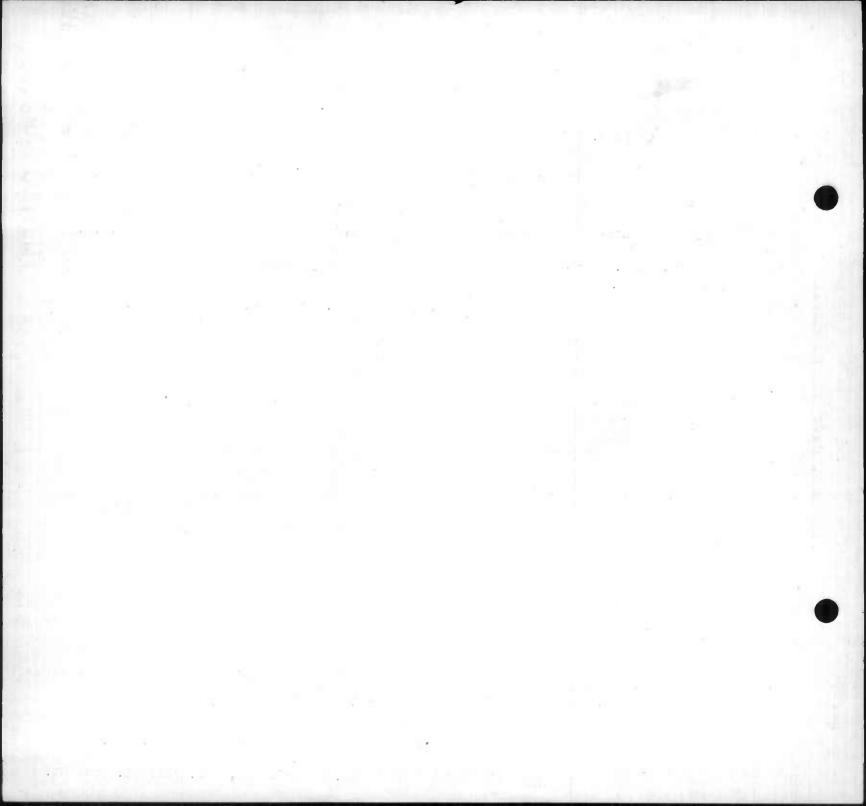
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	The second secon

BALTIMORE C	CO DOOR
H-160 68- 2837 CERTIFIC	CATE OF DEATH REG. NO. 68-2837
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) HOOPER, RUDBLL	3/3/68 1139/AM M
3. PLACE IN BALTIMORE MARY AND WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
FUIL NAME OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Craussylle State Hard-59-00
HOSPITAL OR ADDRESS OR LOCATION 3-15-68	C. CITY OR TOWN D. INSIDE CITY LIMITS
30 Ust Md. (\$9)	Parchester County YES NO
J8 Rip	E. STREET AND NUMBER County
15100.	Taylors Island
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
WIDOWED - DIVORCED	1 - 1129 39
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS done during most of working life, even if retired)	
Likewas Farm Lab. Farming	Darchester Co., Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Willie Hooper	Gunklain Elsie Stanley
15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANI Herbert Hopper, Brother, laylors
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	E. Shar Wiele Misland, Md.
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CALLEE SAMECRAMATE
(A) IMMEDIATE (This does not mean the mode of dying, e.), (A) DUETO, OR heart failure, asthenio, etc. It means the disease, it	
injury or complication which caused death.	Lacevation of Liver
ANTECEDENT CAUSES	Latter took
DISEASES OR CONDITIONS, if any, giving DUE TO, OF	RAS A CONSEQUENCE OF?
rise to the above cause (A) stoling the	Lar pruge
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E TO THE DEATH BUT NOT RELATED TO THE TENNINAL	4500 meron
U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED -	Ces Cases of Death?
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF	.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical exeminer)	13 6 71-61
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) Work Not Work At W	While X. Vakuowa
22. I certify that (1) (this hospital) attended the deceased from	3/3/68 19 to 3/3/68 19
that (1)(we) last saw the deceased alive an 3.368	19ond that in(my) (aur) apinion death accurred an the date
and from the caused stated above. (1) (We) (did) (did no	238. DATE SIGNED
	Attending Med. Staff V
DEGREE DEGREE	Phys. Director Phys. S
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	GREE MOTICE DOT!
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 3/8/68 LANES	TAYLORS ISLAND DOR MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	TAYLORS ISLAND DOR MODRESS MD.
MAK 13 1300 UG COLOR E, LUNGON	Thereich (Helect CAMBRIDGE, MD.
VS 150-REV. 1/1/68	0.

M.H.

FUNERAL DIRECTOR: IMPORTANT

6	7-55	0 68	283		TE OF DEATH	REG. NO.	68- 2838			
BIR	TH NO. AME OF DEC	00	200	O CERTIFICA	2. DATE	AND HOUR OF DEATH				
		Walter James	Gannon	West Dr.A.D.		rch 10, 1968	institution: residence before admission)			
FU	L NAME OF SPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC		TION, GIVE STREET	A. STATE B. COU	TNTY	SIDE CITY LIMITS?			
INS	1 nortun	627 E. Cold	Spring L	ane	Baltimore E. STREET AND NUMBER	YES X NOTE OF THE PROPERTY OF				
(50				1627 E. Col	d Spring Lan				
5. s	le	Caucasian	WIDOWED		July 1, 1881	9. AGE (In years last birthday) 86	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.			
dan		warking life, even if retired)	Railro		Ohio	reign cauntry)	U.S.A.			
13.	Charles	W. Gannon			14. MOTHER'S MAIDEN N Mary Kroll	AME				
(Yes	Was Deceased ,na ar unknawn)	Ever in U. S. Armed Fa (If yes, give war ar dat	rces? es af service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ada Sip	es Gannon 16	ADDRESS 27 E. Cold Spring I			
ICATION	DISEASES Crise In Inc. UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C	R CONDITIONS, if a abave cause (A) CONDITION last.	any, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(c)	20A. AUTOPSY? (Yes at		ena 3 years			
CERTIFIC	0	WAS PEI	RFORMED		in at about 210 WHERE DID		auses Of DEATH?			
CAL	OR CONTRIBL	medical examiner)	elc.)		in ar about 21C. WHERE DID INJURY OCCUR?	III III SSIIIII	ore city, give exact facultary			
MED	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		INJURY OCCURRED Ile At	21F. HOW DID II	NJURY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased from 1967 to 3/0 1968 that (I) (we) lost sow the deceased alive on 3/8 1968 and that In(my) (aur) apinian death occurred on the date									
	23A. SIGNATU	fory Le	elle		ending Med. Director Director	Staff Phys.	23B. DATE SIGNED			
	PHYSICIA NAME (T	MARRY	Deibe	/ M.D GEGRE	1226. Si	HANOVER	Street			
244	REMOVAL (S		68 Ho	ly Cross		nne Arundel				
25A	MAR 1		25B. NAME C	F REGISTRAR	Wm. Cook-Bro		ADDRESS 217 St. Paul St.			
VS	150-REV. 1/1/0	6 B								



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the decased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	7 1/12			BALTIMORE CITY				00.	2839		
	TH NO.	68	1 28	39 CERTIFICA	TE OI		X20.110.	00	2000		
	AME OF DECI	ASED				2, DATE A	ND HOUR OF DEATH				
(1)	Je dr viiiii	CLAXTON, L	INWOO	D		Marc	h 10, 1968	3 9	9:50 am. M.		
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	A. STATE	RESIDENCE (Whe	re deceased lived. If in	stitution: reside	ence before odmission		
FU HC	LL NAME OF	(IF NOT IN HOSPIT. ADDRESS OR LOCA	AL OR INST	ITUTION, GIVE STREET	C. CITY O	YLAND R TOWN	D. INSI	DE CITY LIMITS	100		
3	3 JOHN	S HOPKINS	HOSPI	TAL	E. SIREE	TAND NUMBER		YES XX	4 NO L		
5. 5	EX	6. RACE	7. MARRIEI	DEVER MARRIED	B. DAVE	PBIRTH BAR	P AGE Vin Salt	If Under 1 1 Months: Doy	fr. If Under 24 Hrs.		
	MALE	NEGROID	WIDOWE	D DIVORCED		6-21	last birthday) 46	Totolitas Doy	s Haurs Min.		
		IPATION (Give kind al wark varking life, even if retired)	10B. KIND (OF BUSINESS OR INDUSTRY		andre .	eign country)		OF WHAT COUNTRY?		
don	truck	DRIVER			Vin	LGINIA		45	A		
13.	FATHER'S NAM				14. MOTH	ER'S MAIDEN NA	WE				
		WALTER		TON	MA	RTHA WEB	B				
1S.	Was Deceased	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT	1	823 AD	DRESS		
	No	, , , , , , , , , , , , , , , , , , , ,		JEGORIII NO.	HE Z	CKIAh	CLAXION	E-ch,	15E ST,		
	18.4/0	10.		CAUSE OF DEATH	1				PROXIMATE INTERVAL		
		E OR CONDITION DIS LEADING TO DEATH	RECTLY		Tnt	raetable	Deslarana		7		
		al meon the made of		(A) IMMEDIATE CAU	CONSEC	LACCADIE	Pulmonary	·	hours.		
		asthenia, elc. Il means plicotian which coused		e,			Edellia				
		ANTECEDENT CAUSES					ioscleroti		2		
	DISEASES	ANTECEDENT CAUSES (B) Cardiovascular discease 12 years DUE TO, OR AS A CONSEQUENCE OF:									
	rise to the	abave couse (A)		ie							
	UNDERLING	CONDITION last.		(C)							
TION	TO THE DEAT	CANT CONDITIONS CO	HE TERMINA								
CA	19A. DATE OF	ONDITION GIVEN IN PAR OPERATION 198, CON		WHICH OPERATION	20A. A	UTOPSY? (Yes or N	o) 20B. IF YES, WERE I	FINDINGS CO	NSIDERED		
ERTIFIC	2	WAS PER	FORMED			YES	O) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEA	TH?		
CAL CE	21A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF medical examiner] 2 he et	1B. PLACE OF INJURY (e.g., in ome, farm, foctory, street, af tc.)	ice bldg., I	NJURY OCCUR?	(If in Boltimor	e City, give ex	oct lacation)		
0	21 D. TIME	(Month) (Day) (Year)	(Hour) 21	IE. INJURY OCCURRED		21 F. HOW DID IN.	JURY OCCUR?	_	P-, 1		
Z	(APPROX.)			Vhile At Not While Vark At Work							
	22. I certify	that (1) (this haspital) attended	the deceased from	arch	8,	19 68 to Ma	rch 10	19 68 ,		
	that (I) (we)	last sow the decease	d olive an	March 10,	19	6.8and t	hat in (my) (aur) api	nion death a	ccurred an the date		
	and hour one	from the causes star	ed abave.	(1) (We) (did) (did nat) v	iew the b	ody after death.					
	23A. SIGNATU	RE 1	111	NO.				23B. DATE SI			
		wellver	LXI	Atte Phys	nding X	Med. Director	Staff Phys.	3/10/	68		
	23C. PHYSICIA NAME (T	M'S (pe) DATITO T	CHAR		3D. ADDR		0 110000000				
		DAVID 0.		V, M.D.	JOHN.						
24/	REMOVAL		24C.	NAME of CEMETERY OF CRE	MATORY	24D.	LOCATION (CI	ty, town, or co	ounty) (Stote)		
	Buris	1 3/16/6	8 /	nt. Auburn		2	14/10 W/C	Y			
25/	A DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	2SC. F	UNERAL DIRECTO	PONES, JR. 4	1735 ARFORD	ADDRESS		
	MAR	1 3 1968 R.	200	, tarbey MA	T'UIT	-JATEL W. U	JE. HI	GRIPORD	ACE		
VS	150-REV. 1/1/6	8									

T YOUR DESCRIPTION

FUNERAL DIRECTOR: IMPORTANT

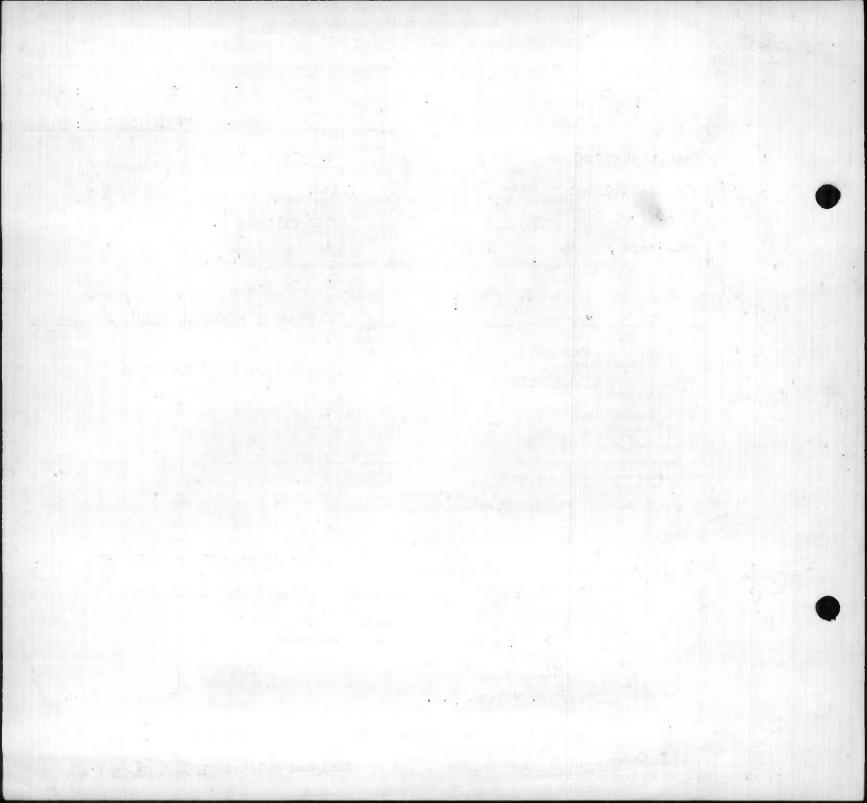
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1.0		HEALTH DEPARTMENT	CS	0_ 90 10
ω - 452 68 - 2840	CERTIFICA	TE OF DEATH	REG. NO.	3-28.0
I, NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) ROLAND WIL	LIAMS	3/	12/68	2:30 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (WHERE	e deceased lived. If institu	tion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	N. GIVE STREET	MARYLAND		10-04
HOSPITAL OR ADDRESS OR LOCATION)	.,	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
11/4		BALTIMORE	YE	s NO D
Thurs I ME Man in	Has Dita	E. STREET AND NUMBER	- 11 at	
	HOSPITAL	403 E.	21/2 56	0 1 1 7 1 1 2 1 1
S. SEX 6. RACE 7. MARRIED N	=		ost birthday)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	DIVORCED	11. BIRTHPLACE (State or foreign	on country)	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				
LABORIR		MARY LAN	0	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
UNKNOWM		UNKNOWN		
15. Was Deceased Ever in U. S. Armed Farces? 16. (Yes, no or, unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		2330 BARCLAY
No		mus minnie	WILLIAMS	STREET
1B. 3 7 / 18	CAUSE OF DEATH	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		P F 01		
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAU		GEHL	VARICES
heart loilure, asthenio, etc. Il means the disease,	DUE TO, OR AS	A CONSEQUENCE OF	1	1
injury or complication which coused death.) ANTECEDENT CAUSES	1:11	FRIC	004.00	
	(B) CITE TO OR AS	A CONSEQUENCE OF:	RRHOSis	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c) Pu	lumay ed	e meal	
6810 11	(0)	<i>)</i>		
				WCT
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OINGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., i	n or about 21 C. WHERE DtD ffice bldg., tNJURY OCCUR?	(If in Boltimore Cit	ty, give exact location)
DEATH (notify medical examiner) etc.)	am, raciary, street, at	ince blag., INJORT OCCOR:		
	URY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.) While A	Not While	е		
22. I certify that (I) (this haspital) attended the d		harch 11 1	968 10 ma	1ch 121968.
that (I) (we) ast saw the deceased alive on	4			death serviced on the date
			or in (my) Gory aprillar	deorn accurred on the date
and haur and from the causes stated above. (1) (W	e (did not) v	new the body after death.	1221	B. DATE SIGNED
8 a 'a C1:	2 1 A AHO	nding Med.	Stoff 65	3/15/17
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	Phy s.	3/12/60
NAME (Type) UDR. ENRIQUE CIPR	IANI MA	3 > WHE h	NION MEMORI	AL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C, NAME	of CEMETERY of CRE	EMATORY 24D. LC	CATION (City, 1	awn, or county) (State)
REMOVAL (Specify)	- Aubur	. 0	Ho MI	,
25A DATE REC'D BY HEALTH DEPT. 25B. NAME OF R		25C. FUNERAL DIRECTOR	LIU, IVId	ADDRESS
MAR 13 1968 Relub E. Jan	beythan	MALSHAUL	Jones Ja H	reford her
VS 150-REV, 1/1/6B				V

MEMORIAL TOTAL YOR E. 21 12 ST. 11/21/3 M VEDRO MARYLAND MARKAMO WHITE WORKS from Arigoria Williams " ESCPh DEFI VE EL LIVER CIRRHOLL march 11 64 man E-PAIR M. 33 B F COPULAR

68- 2841 BALTIMORE CITY HEALTH DEPARTMENT

		00			LTIMORE CITY HE				•				
		MED	ICAL	EXA	MINER'S	CERTIFI	CATE C	F DEA	TH REC NO	68-	- 2841		
BIRTH NO.									REG. NO.		- CO31		
1. NAME OF DE	CEASED					2. DATE	Knawn 💢	Month	Doy	Year	Hour		
HENRY 4. PLACE IN BA	YA HOLD	ER				DEATH	Estimated	<u> </u>	10	68	9:00 p		
						3. DATE	JNCED DEAD	Manth	Day	Year	Hour		
FULL NAME OF		TIN HOSPITA		ITUTION,	GIVE STREET	PRONO	SINCED DEAD	March	10	1968	9:00 p		
OR INSTITUTION						5. USUAL R A. STATE	ESIDENCE (WI	here deceased		n: residence b	pefore admission)		
Iniversity	Hospi	ta1		30		II .	Maryland	d	B COUNTY	Trade and Control of the Control of	and the same of th		
6. SEX	7. RACE		B. MARRI	ED N	IEVER MARRIED	C. CITY OR			D. INSIDE C	ITY MMITS?			
Male	Colo	rod	WIDOW	And	DIVORCED [Ba1	to		1 man	ES X	No DOM		
9. DATE OF B		10. AGE (II			1 Yr. If Under 24 Hrs. Days , Hours , Min.		ND NUMBER			13 6	100		
5/3/45		lost birthdo		Months ?	Delys Hours Min.		010 0-1	1 A					
11. BIRTHPLACE	State or foreign		22	12. CITIZ	ENOF	13. FATHER	213 Cal	Tom Ave	•				
Baltim		Ma			COUNTRY?	7 Web 100 CP							
		-	14B. KIND	OF RUS	INESS OR INDUSTR		-	OLDER,	SR				
dane during most of				0, 000			_						
16. WAS DECEAS	CED EVED IN	II.C. ADMED	FORCES	0 117	506:41	PEA		PRICE		DDDECC			
(Yes, no or unknown				17.	SOCIAL SECURITY NO.	18. INFORMANT ADDRESS							
	1					M	RS PEARL	E P HC	LDER, 22	213 N C			
19. 96	X				CAUSE OF DEA	TH					PROXIMATE INTERVAL EEN ONSET AND DEA		
DISEAS	SE OR COND	ITION DIRE	CTLY										
	LEADING TO	O DEATH			(A)IMMEDIATE	CAUSE	Gunshot	Pund	of the b	rain			
(This daes	nat meon the e, asthenia, etc	made of dy	ing, e.g.,			AS A CONSEQ	UENCE OF:	JUL 54 JAAA 54	M				
injury or co	mplication whi	ich caused dec	oth.)										
	NTECEDENT	CALISES			(-1								
	OR CONDITI		, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:						
RISE TO TH	IE ABOVE CA NG CONDIT	IUSE (A) STAT	ING THE										
Z					(c)		***						
F 9826	NIFICANT CO	II NOTIONS CO	NTPIRIT	ING									
O THE DE	ATH BUT NO	T RELATED TO	THE TERMI	NAL									
	R CONDITION			OP WH	ICH OPERATION W	AS DEDECTO	ED			21 AUTO	PSY? (Yes or No)		
8	O LKANO		4DINO141	OK WIII	ICH OF EKAHOR W	AJ FERFORM				21. 4010	ye		
	RNAL CAUSE	1414.5	10	OD BLA	CE OF INJUINA		OC MUIERE D	15 /// 5 //			1		
O HAIDEDLVIAL	GE OR CON	ITRIB-	li li	hame, for	CE OF INJURY(e.g., m, factory, street, office	e bldg., etc.)	NJURY OCCUI	R?	ore City, give ex	oct locotian)	90		
B UTING □ C	AUSE OF DEA	ATH.			lome			loor Ha		213 Ca	11ow Ave.		
≥ 22D. TIME OF INJURY	(Month) (I	Day) (Year	·) (Haur		NJURY OCCURRED	2	2F. HOW DID	INJURY OC	CUR?				
(APPROX.)	3	10 6	8 3:25	MHILI WOR	AI NO	WHILE X	Subje	ct shot	in the	head			
23.				p		-							
1 cer	tify that I h	neld an I	nquiry L	_ hn	spection AL	tapsy X	and that a	n this basis	, death in my	aplnian			
resu	Ited from	Natural day	ses 🗌	, Acc	dent Suici	de H	micide XX	Undetern	ined manner				
1 1 5 7	41		-	ΛAI	C		CHIEF MEDICA	AL EXAMINER					
ACTUA		MA	TV	0/1	8~	ASSI	STANT MEDICA	AL EXAMINE	x		DATE SIGNED		
SIGNAT		0) v		M.I.).	CIATE MEDICA						
EXAMIN NAME (dward	F. W:	Ison	M.D	ASSC	CIATE MEDICA	AL EVAMINE		ch 11,	1968		
24A. BURIAL CRE	MATION,	24B. DATE	T . AA T		AME of CEMETERY	ar CREMATO	DRY 2	4D. LOCATIO		n, or county			
REMOVAL (Spec	ify)		14						,,,				
Burial		3/16/	-		t Auburn	Cemetry		Balti		M.			
25A. DATE REC'E			25B. N		REGISTRAR	25C. I	FUNERAL DIRE	CTOR	,	ADDRESS			
NA/A	M TO !	300 (1	o Louis	500	talley 14	Add	lphus H	alstand	1206 W	March	. V		
VS 151-REV. 1/1/6	B A	1-1	3				-Fried II		TYON M	Werth	AO		
+ 0 101-NEV. 1/1/0	1/1	0/1	1										



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of d shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dece was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.
An An
A.C.
S: Od
is ow
44 × 4 × 4 ×

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

68- 2842 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JOHN 10 -4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE MARY/AND FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS2 NUTSING. & ConvAlescEN E. STREET AND NUMBER Center EdeN 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Manths: Days 7. MARRIED NEVER MARRIED Hours last birthday NEGYO WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) U.S.A VITGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME PAYKEY Emma JOHN 15. Was Deceased Ever in U. S. Anned Farces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Bolton Hill Nurs. + CONV. Center - 1400 John St. CAUSE OF DEATH SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoling the UNDERLYING CONDITION lost. 33 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If in BoltImore City, give exoct location) DEATH (natify medical exominer) etc.) MEDI 21 D. TIME 21F. HOW DID INJURY OCCUR? (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Nat While p (APPROX.) Wark At Wark 22. I certify that (I) (this hospital) attended the Deased from that (I) (we) lost saw the deceased alive and Had 10 68 and that in(my) (aur) opinian death occurred on the date ond how and fram the couses stoted oboye. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) lay dd p 24A. BURIAL CREMATION 24C. NAME of CEMETERY of CREMATORY City, town, or county) (State) eceased REMOVAL (Specify was D.O decease written 3/13/68 C lvary Cemetry 268. NAME OF REGISTRAR North

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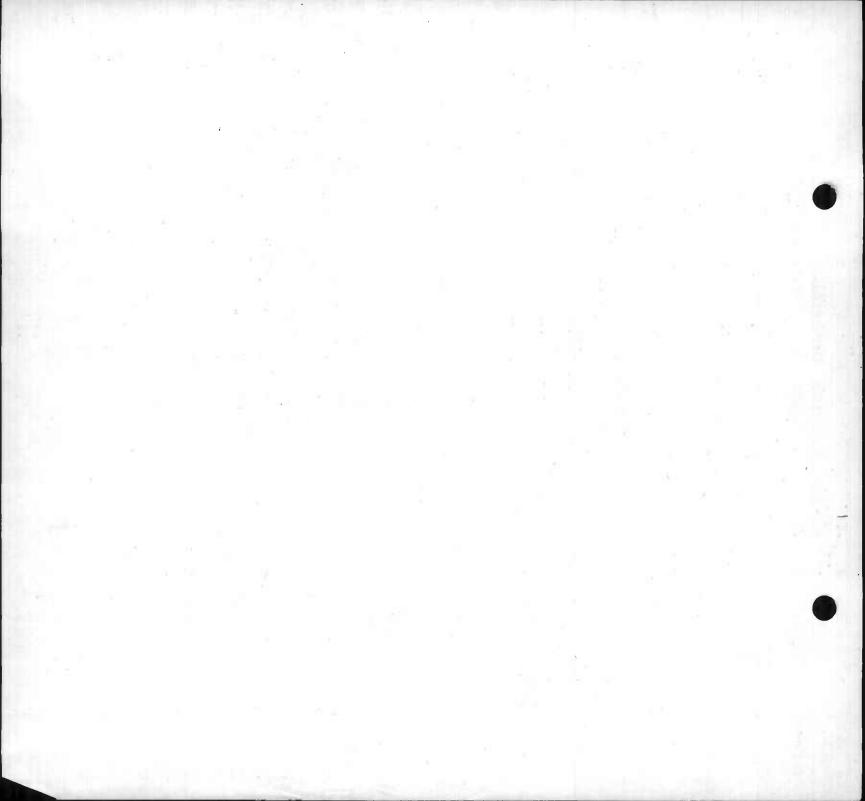
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This certificate must be a the body was released to	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

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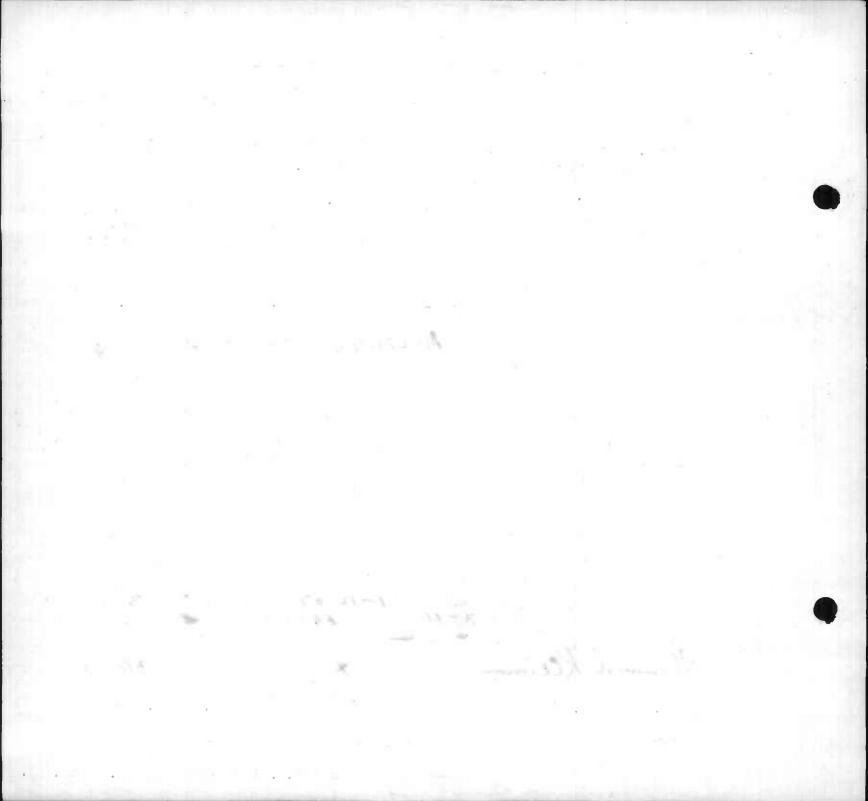
FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived. If institution; residence before admission A. STATE B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF CITY OR TOWN ISIDE CHY LIMITS? INSTITUTION DALTIMORE CIWIVERSITY OF MARYLAND E. STREET AND NUMBER 9. AGE (In years S. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 1 One Hours MARRIED NEVER MARRIED If Under 24 Hrs. lost birthdoy) WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) S II Old Age 14. MOTHER'S MADEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. Mrs Street Same CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION lost. 3 Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20 A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ü 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) DEATH (notify medical examiner) etc.) 21D. TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 19 22. I certify that (1) (this hospital) ottended the deceased from that (1) (we) lost sow the deceased alive on ... ond that in (my) (our) opinion death accurred on the date and how and from the causes stated above. (1)((We) (did))(did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Phys. Director Phys. MAME (Type 23D. ADDRESS 0 DEGREE 24A. BURTAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 4D. LOCATION (City, town, or county REMOVAL (Specify) Cenetry 125C, FUNERAL DIRECTOR B urial 3/14/68
25A. DATE REC'D BY HEALTH DEPT. 25 Calvary ADDRESS 1206 W Halstead North Are

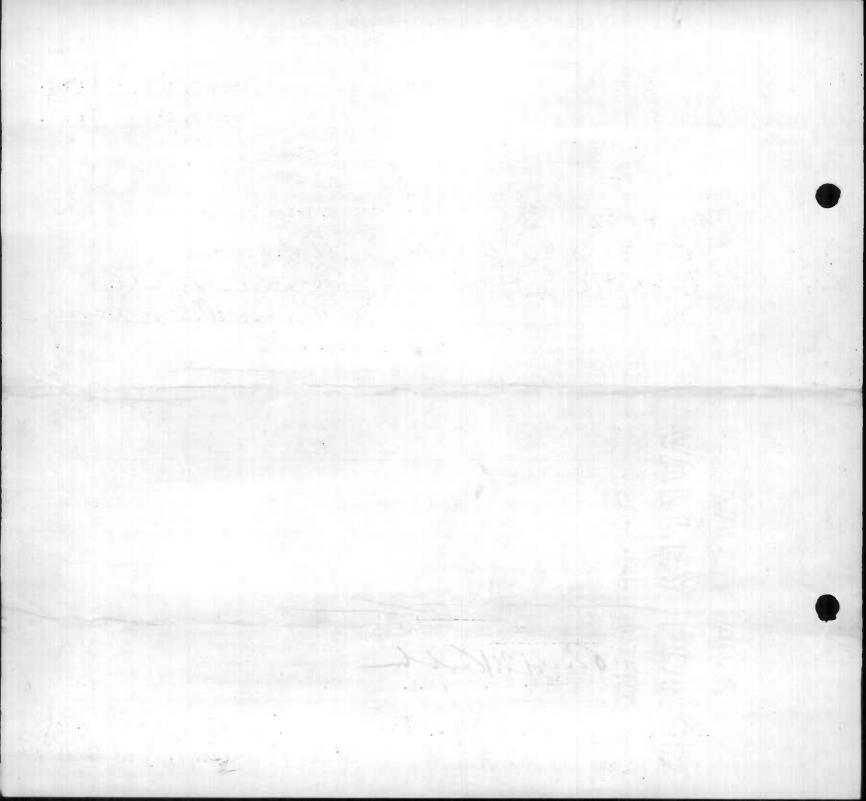


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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

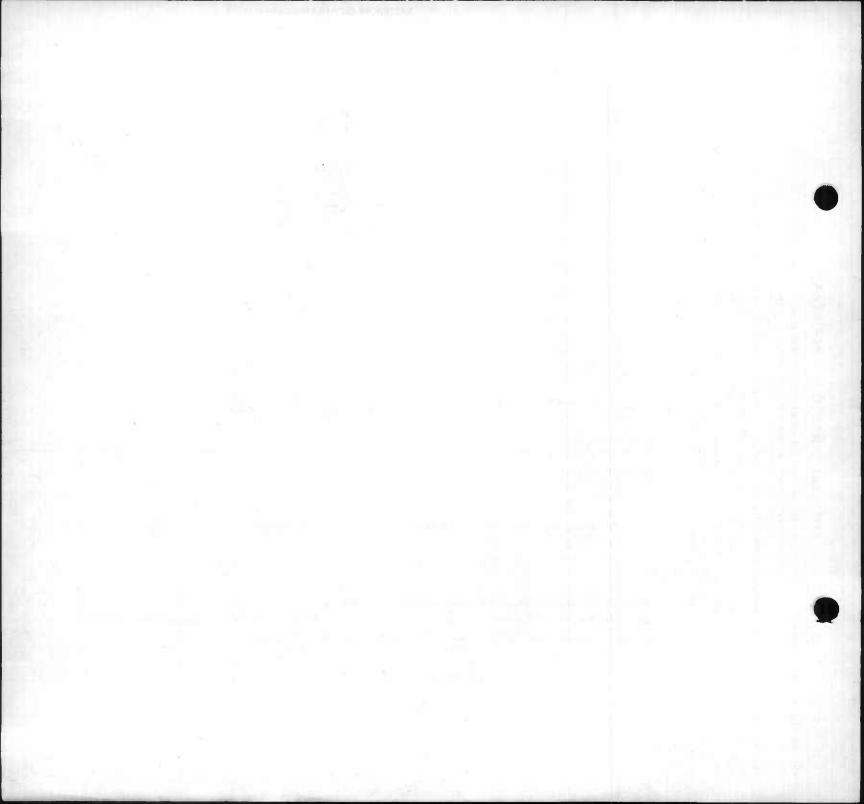
1	7-5	52 68	= 28	BALTIM	ORE CITY	HEALTH DEPART	MENT	REG. NO	68-	2844
1. N	AME OF DEC		P-W/C	JAZ CERI	IFICA		DATE A	ND HOUR OF DEATH	1	
		Margaret A.					3-11-			M.
3. 1	LACE IN BAL	IMORE, MARYLAND, V	HERE PRO	NOUNCED DEAD		4. USUAL RESIDE	B. COU	ere deceosed lived. If NTY	institution; re	sidence before odmission)
FU HO IN S	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR IN	STITUTION, GIVE ST	TREET	Marylan	id	Baltimor D. IN	SIDE CITY LI	MH28-04
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13.	LWILLEY 2 HAL	VIE				14. MOTHER'S MA	AIDEN NA	INE		
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		(If yes, give wor or dot		1 6. SOCIAL SECURITY	NO	17. INFORMANT				ADDRESS
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	18. 20	3 X I			OF DEAT		4			APPROXIMATE INTERVAL
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	that (I) (we)	last saw the deceas	ed alive	on 3-11		1968	and t	hat in (my) (🚅 op	oinian deat	h accurred an the date
	and haur and	fram the causes sta	ted abay	e. (I) (WE) (did) (ditainet) v	iew the body afte	er death.			
	23A SIGNATU	RE 1 41						-	238. DAT	E SIGNED
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			rous		BEGREE Phys		ctor 🗀	Phys. —	211	168
	23C. PHYSICIA NAME (T	ype)				23 D. ADDRESS				
	Dr.	Norman R. Kle	iman		GEGREE	3803 Edr	monds	on Ave. Balt	to. Mar	yland
24A		MATION, 248. DATE		C. NAME of CEMET		MATORY	24D.	LOCATION	City, town, o	r county) (Stote)
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25A		BY HEALTH DEPT.		ME OF REGISTRAR	ALK OF	25C. FUNERAL	DIRECTO		7	ADDRESS
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FULL	NAME OF	(IF NOT	N HOSPITAL S OR LOCATI	OR INSTIT				JNCED DEAD	March			reor		P. M.
OR I	NSTITUTION		A					ESIDENCE (Where				esidence b	efore odmi	ssion)
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F	emale	Negro		WIDOWE		DIVORCED	Balt:				YES	X	NO 🗆	
9. D	ATE OF BIRTH	1	O. AGE (In	eors	If Under 1 Yr	. If Under 24 Hrs	E. STREET	ND NUMBER						
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	BURIAL CREA	AATION, 24	B. DATE	-68	24C. NAM	Le pi CEMETER	ar CREMATO	DRY 24D.	LOCATION	(Cit	y, town	Els	, Mi	214
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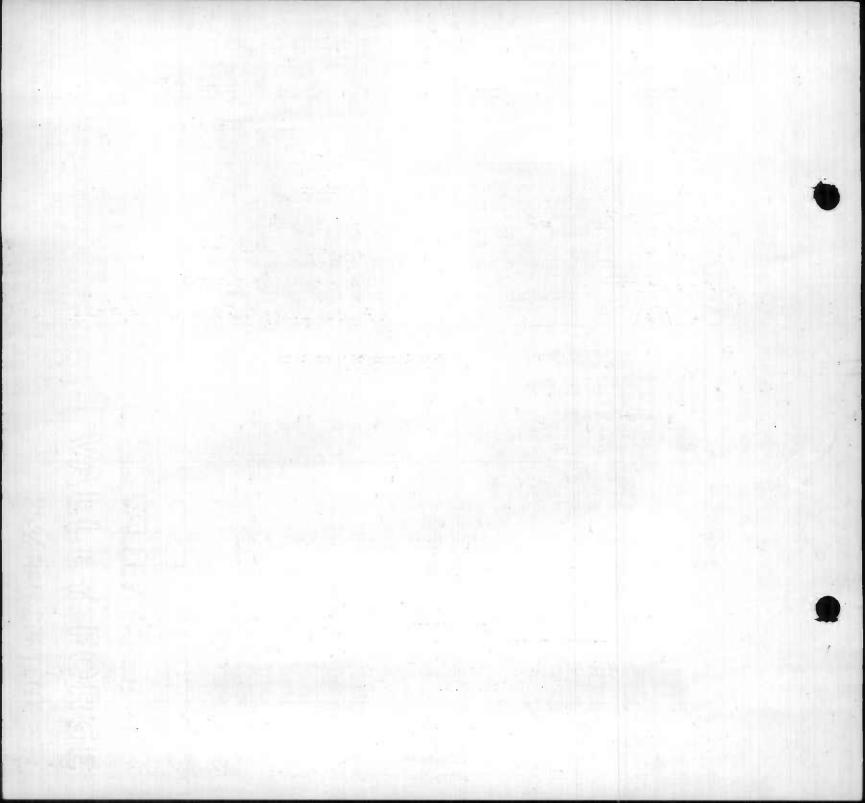


	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 00 40
BIRTH NO. 68- 2846	CERTIFICA	ATE OF DEATH		68 2846
T. NAME OF DECEASED (Type or Print) ANALLE W	ASE	2. DATE AND	HOUR OF DEATH	7 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUR	NCED DEAD		deceased lived. If in	nstitution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	NON, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
11825 N. CAROLII	NE ST	E. STREET AND NUMBER	P AROLI	YES NO L
	NEVER MARRIED	B. DATE OF BIRTH 19.	. AGE (In years	
F C WIDOWED	DIVORCED	1-29-89 10	79	If Under 1 Yr. II Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF I done during most of working life, even if retired)	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTS
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
MORRIS WILLIAMS		MAMIE (CUMMIN	VS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	_	ADDRESS
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18.4 10 9	CAUSE OF DEA	TH /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(1	20	
(This does not meon the mode of dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	Marond	LAUS 30 min
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DOE TO, OR AS	()		1 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODDERS OF CONDITION GIVEN IN PART 1 (A).	Con	gestive he	art fa	elun o you
19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	LACE OF INTURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltima	re City, give exoct location)
OR CONTRIBUTING CAUSE OF home,	, lorm, factory, street,	olfice bldg., INJURY OCCUR?	(ii iii boiiiiio)	The City, give exact location,
	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.) While	Not Wh			
22. I certify that (1) (this hospital) attended the			49 10	3-11 1968
that (I) (we) lost sow the deceased alive on	3-11	10		inion deoth occurred on the do
ond hour and from the couses stated above. (1)	(We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE				23B, DATE SIGNED
Sh. W. m Dance	M DEGREE PH	ys. LL Director L P	hys.	3-12-68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	^	0.1
R.W.Mª Danie	M D DEGREE	1500 C. M	adist	nel
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	1- 4	REMATORY 24D. LO		ity, town, or county) (Stote)
BURIAL 3/14/68 M.		gry A	A. COUN	1 1 1 1 1
2SA. DATE REC'D BY HEALTH DEPT. 2SB, NAME OF	TELLOW AND	25C. FUNERAL DIRECTOR	£10~	ADDRESS COLDA
VS 150-REV. 1/1/6B	T I	(Joseph D.	Docks X	130411. (Junio 4



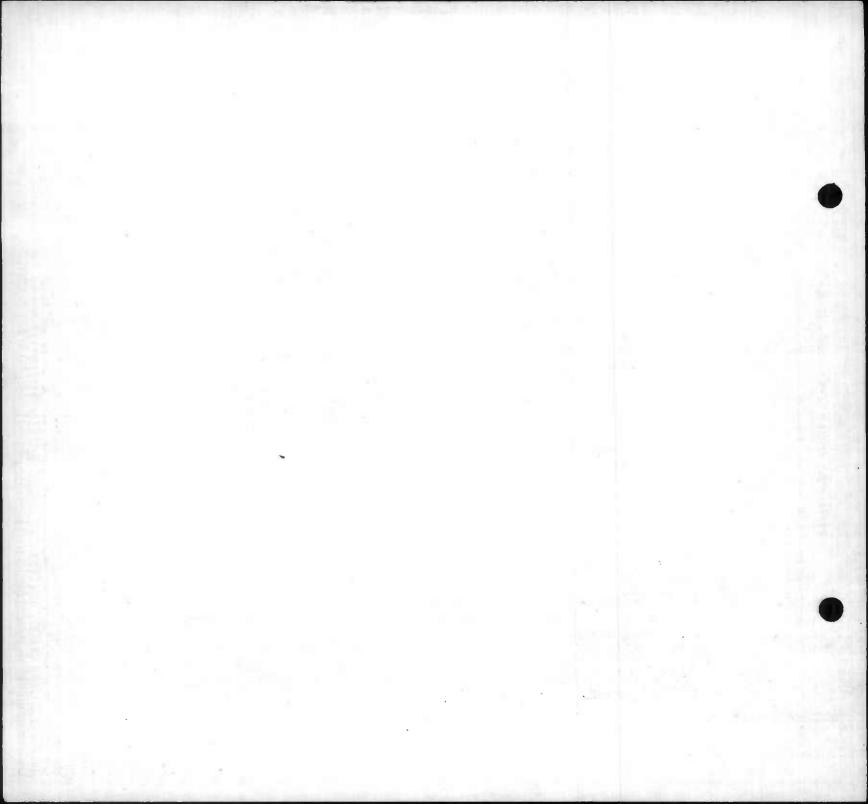
5-235

	IEDICAL EXAMINER	'S CERTIFICATE OF DEATH REG. NO	68- 2847
NAME OF DECEASED		2. DATE Known & Month Doy	Year Hour
ype or Print)		OF March 11	
MTLTON PLACE IN BALTIMORE, MARYLAN	DISTANCE ND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
	OSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
OSPITAL ADDRESS OR	LOCATION)	March 11, 1	
>		A. STATE B. COUNTY	
1531 N Eden		Maryland	
SEX 7. RACE	8. MARRIED NEVER MARRIE	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
Male Negro	WIDOWED . DIVORCE	- Barermore	YES X NO L
	GE (In years II Under 1 Yr. If Under 2 Months Doys Hours		
0/18/0/	60	1531 N. Edem	
BIRTHPLACE (State or loreign cour	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
MA		Joseph DISTANCE	
A.USUAL OCCUPATION (Give kind on the during most of working life, even if re	I work 14B. KIND OF BUSINESS OR IND	OUSTRY 15. MOTHER'S MAIDEN NAME	
AborER	ines)	MARY BROOKS	
WAS DECEASED EVER IN U.S. A		18. INFORMANT	ADDRESS
s, no or unknown) (II yes, give wor or	doles of service)	JAMES LANG 2214 E	. CHASE S
19. / / /	CAUSE OI	F DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
700/	Blaceriu		DETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEA	ularc	inoma of Prostate	
(This does not mean the mode	ol dying, e.g., (A)IMMEL	DIATE CAUSE O, OR AS A CONSEQUENCE OF:	www.www
heart lailure, asthenia, etc. It me injury or complication which cous	ons the diseose,		
ANTECEDENT CAUS	ES (B)	O, OR AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS,	F ANY, GIVING	O, OR AS A CONSEQUENCE OF:	The state of
UNDERLYING CONDITION L	AST. (C)		
177× II			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVES 20A. DATE OF OPERATION 20B	NS CONTRIBUTING		
DISEASE OR CONDITION GIVE	VIN PART I (A).		
20A. DATE OF OPERATION 20B	CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	21. AUTOPSY? (Yes or No)
			No
22A. EXTERNAL CAUSE WAS	22B.PLACE OF INJUR	Y(e.g., in or obout 22C. WHERE DID (II in Boltimore City, give et, office bldg., etc.) INJURY OCCUR?	exoct location)
UNDERLYING OR CONTRIBUTION CAUSE OF DEATH.	nome, form, foctory, sines	er, onice stag., etc.) it south occor.	
22D. TIME (Month) (Doy)	(Yeor) (Hour) 22E.INJURY OCCU	RRED 22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	m. WHILE AT WORK	NOT WHILE AT WORK	
23.	III. WORK	AI WORK	
I certify that I held o	n Inquiry Inspection	Autopsy Ond that on this basis, death in n	ny opinion
resulted from: Noturo	Couses Accident	Sulcide Homicide Undetermined monne	
1		CHIEF MEDICAL EXAMINER	
ACTUAL 1100	011 5000	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE ILLOW		M.D. ASSOCIATE MEDICAL EXAMINER	3/12/68
EXAMINER'S Werne	er U Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	NO DESCRIPTION OF THE PARTY OF
A. BURIAL CREMATION, 24B. D	ATE / 24C. NAME of CEM	ETERY or CREMATORY 24D. LOCATION (City, to	own, or county) (S)(T)
EMOVAL (Specify)	15/68 mit. 0.	Posses D. D. Pm	enter, mo
DUKIAL 21	1 100 1100 6	WIFT WILL COL	77
SA. DATE REC'D BY HEALTH DEPT.	OCO MANE OF PROJECT	Core FUNEDAL DISCOVER	ADDRESS
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAR 13 1968		Joseph L. Lock - V	ADDRESS 1304 n. Cenhall
MAR 13 1968		Joseph B. Locks-	ADDRESS 1304 M. Cenhalla

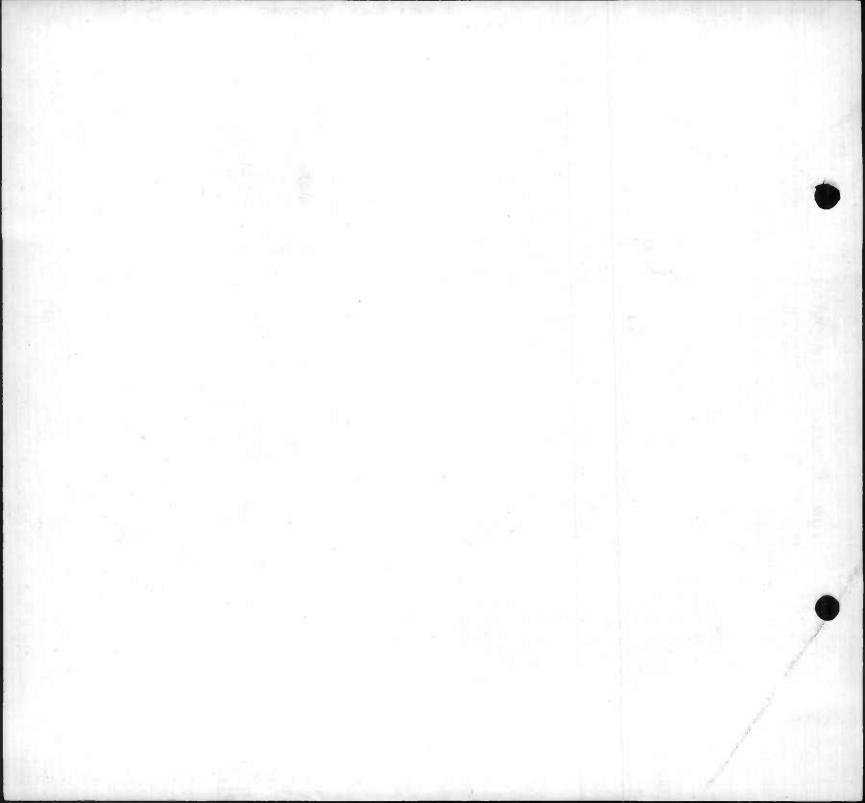


FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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F-5-36	BALTIMORE CITY	HEALTH DEPARTMENT	03- 2848
TETH NO.	2848 CERTIFICA	TE OF DEATH Registered No	00 2040
NAME OF DECEASED	6. Fender	2. DATE AND HOUR OF DEATH	1330 P. M
PLACE OF DEATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Where deceased fived. If ins	stitution: residence before admission)
FULL NAME OF (If not in hospital of address or location INSTITUTION	or institution, give street a)	C. CITY OR TOWN /If outside city limits, write R	URAL and give (devriship)
2455 Brentine	- 1 me.	D. STREET ADDRESS (If rural, give location)	
00	A A A SPIED ALL A SPIED	2455 Breatweed	
Male Cohered	MATH &	9-26-1897 To	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	108, KIND OF BUSINESS OR INDUSTRY	1.0	12. CITIZEN OF WHAT COUNTRY?
Janitor	None-		4.S.A
3. FATHER'S NAME	1.		
5. Was Deceased Ever in U. S. Armed Fore	ces? 16. SOCIAL		ADDRESS
	-	0 . 5	SAME.
18.2.1 1 2 9	The state of the s		INTERVAL BETWEEN
	ECTLY P	5- E- J D J D	ONSET AND DEATH
	dying, e.g., DUE TO	ger ac react forture	
heort foilure, asthenia, etc. It meons	the diseose,	of News	
ANTECEDENT CAUSES	(B) (C)	logio Fler o fee Wall	
		distant	4 - 4 - 3 - 3
UNDERLYING CONDITION lost.	Johns (C)		
420,0 II	ONTRIBUTING		
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE		
19A. DATE OF OPERATION 198. CON WAS PERF		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF tNJURY (e.g., i home, farm, factory, street, o etc.)	n ar about 21C. WHERE DtD (If in Baltimore ffice bldg., INJURY OCCUR?	City, give exact lacation)
21D. TIME (Manth) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)			
22. I certify that (I) (the hospital		1963 19 10	1161.
that (1) (we) lost saw the decease	d olive on Ca 25 FE	ond that in (my) (aus) apir	ion death occurred on the date
	ed obove. (I) (We) (did) (did not)	riew the body ofter death.	DATE COLUMN
A Land	M.D. Att	ending Med. Staff Phys.	3/12/68
23C. PHYSICIAN'S NAME (Type)		COOL OF Paul CLP (11/2/1/2
	101461	EMATORY 24D. LOCATION (Cit	y, town, at (Caunty) (State)
BurIAL 3-14-6	18 West hibert	ye. Howard Co-	uly md.
MAD 13 1988 P.D. AT	D. NAME OF REGISTRAR		- 100 Brandly he
NUMBER OF THE PARTY OF THE PART		(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	NAME OF DECEASED Type or Print) PLACE OF DEATH IN BALTIMORE, MA FULL NAME OF (If not in hospital address or location institution) SEX 6. RACE MALE OA. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired) TAMA TOM 3. FATHERS NAME DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heard foilure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost, VOUNDERLYING CONDITION CAUSING I 19A. DATE OF OPERATION 198. CON WAS PERI UNDEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 22A. BIGNATURE 23C. PHYSICIAM'S NAME (Type) AA. BURIAL CREMATION, 248. DATE 23C. PHYSICIAM'S NAME (Type) AA. BURIAL CREMATION, 248. DATE 23C. PHYSICIAM'S NAME (Type) AA. BURIAL CREMATION, 248. DATE 23C. PHYSICIAM'S NAME (Type) AA. BURIAL CREMATION, 248. DATE 24A. BURIAL CREMATION, 248. DATE	RETH NO. A.E. CASE NO. NAME OF DECEASED. Typo or Print! PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR Oddress or location! INSTITUTION J J S	AL CASE MO INAME OF DICEASED TYPO OF PHONE PLACE OF DEATH IN SALTIMORI, MARKHAND PLACE OF DEATH IN SALTIMORI, MARKHAND ILL HAMAD OF BUSINESS OF INCOME. A. STATE A. STAT



12-565 00	DO 40 BALTIMORE CIT	Y HEALTH DEPARTMENT	68- 2849
	- 2849 CERTIFICA	TE OF DEATH REG. NO.	00 2043
BIRTH NO.		2, DATE AND HOUR OF DEA	ATH .
(Type or Print)	dmain	3-12-68	11:25 01 11
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceased fived. A. STATE B. COUNTY	tf institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland	
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOCALINSTITUTION	(TION)		INSIDE CITY LIMITS?
17.1	Sh a d	Baltimore	YES NO
36 University tos	·	E. STREET AND NUMBER	17-02
5. SEX 6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	None	South Caroline	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John W. To	loodnan	Julia laylor	
15. Wos Deceosed Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Unknown	3200	Tulin B. Danlanen 5	16-N. Wheeher Are.
18.41.30.91	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA		ion loweeks
(This does not mean the made of heart failure, asthenia, etc. 11 means	the diseose,	A CONSEQUENCE OF:	
injury or camplication which caused			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if	any, giving DUE TO, OR A	S A CONSEQUENCE OF:	Die Service
UNDERLYING CONDITION last.	(C)		
454X II			
O OTHER SIGNIFICANT CONDITIONS CO		Failure	4 weeks
DISEASE OR CONDITION GIVEN IN PAR	T 1 (A). DITION FOR WHICH OPERATION		ERE FINDINGS CONSIDERED
WAS PER		IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (II In Bold	imore City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farth, factory, street,	office blag., INJURT OCCUR!	
D 21 D. TIME (Month) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (A PPROX.)	While At Not Wh	ile	
22 1 25 1 2 2 4 2 7 4 2 5 4 2 5	-7		madelle 2 mell
22. I certify that (t) (this haspital that (1) (we) last saw the decease	,	instrumental formation of the second of the	
2	,	19 Led and that in (my) (aur)	apinion death accurred an the date
and have and from the causes sta	ed abave. (1) (We) (did) (did not)	view the bady after death.	23B, DATE SIGNED //
23A. SIGNATURE	AH MILL	hending Med. Staff	3-12-68
23C. PHYSICIAN'S	DEGREE Ph	ys. Director Phys. 23D. ADDRESS	277 60
NAME (Type)	RANKEZ MIN	. 1	to 1
24A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY OF CI		(City, town, or county) (State)
REMOVAL (Specify)	/ MAT M	P 11	(City, town, or county) (Stote)
120 LUN 2.16-1	08 MI - HOPUN	Cemi Of Com.	6 hd.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MATIN 20 1300 0602	1	alsoy U. W. Won	1000 Doubley Aux
VS 150-REV. 1/1/6B			



	BALTIMORE	CITY	HEALTH	DEPARTMENT	
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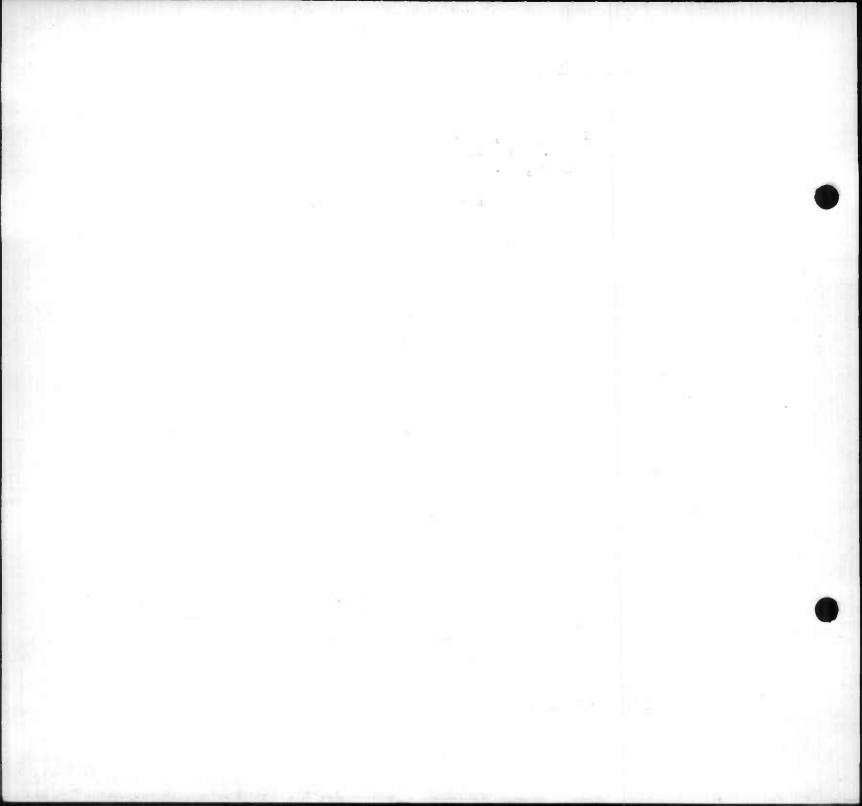
68- 2850 REG NO

DO" AGGO CERTIF	FICATE OF DEATH
BIRTH NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	HEWS 3-10-68 27 P.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	MARYLAND
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR JOWN D. INSIDE CITY LIMITS
NOITUTITZNI	Day Times
211	E. STREET AND NUMBER
MERCY HOSPITAL, INC	
MIZECT MOSPITAL, INC	1234 EDYTHE ST. #
S. SEX 6. RACE 7. MARRIED NEVER MARRI	IED 8. DATE OF BIRTH 9. AGE (In years Months; Days Haurs; Min.
WIDOWED DIVORCE	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INI	
dane during mast of working life, even if retired)	Marilana uen
habored Noe	MARYLAND. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11	1/ /2
Unknow	Villian 1
5. Was Deceased Ever in U. S. Armed Forces? Yes, na or unknown) (If yes, give war at dates of service) SECURITY NO	17. INFORMANT ADDRESS
Yes, na or unknown) (If yes, give war ar dates of service) SECURITY NO	man / 11 Fd / · · · · · · · · · · · · · · · · · ·
100 218-03-7	1318 LUCITE WANNES 1429 E. Enger N
18. CAUSE OF	F DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	TATE CAUSE CARDIO GENIC SHOCK / day
(This daes not mean the made of dying, e.g., DUE TO	O, OR AS A CONSEQUENCE OF:
hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
	M /
ANTECEDENT CAUSES (B)	1 YOCAROIAL NEARCTION / day
oldended on containous, it dily, giving	O, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	ARTERIOS CLEROTIC CARDIOVASCULAR DIS Years.
Comments (C)	
z 420,1 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E()	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	RY (e.g., in at obaut 21 C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, s DEATH (natify medical examiner)	street, office bldg., INJURY OCCUR?
U	
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	
Nhile At □	Not While At Work
22. I certify that (4) (this hospital) attended the deceased fra	
that (1) (we) lost saw the deceased alive on MARCH	10 19.6 d ond that in (my) (our) opinian death occurred on the dote
ond hour and from the couses stated obave. (1) (We) (did) (dtd	thet view the body ofter death.
23A. SIGNATURE	23B, DATE SIGNED
1 W 2/11	Attending Med. Staff M
Sruce S Steffer M. Hero	Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
MOUCE W. FEFFER M. B	1. MERCY Haro
	DEGREE LY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	LY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Bunal 3-15-68 MT. Cal	ward Com. Brocklys md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
MAR 13 1968 Plate E. Stalley M. B.	
111/11/ - 0 1000 (10000)	Elvery O-Wilson 1000 Bomilley fre.
VS 150-REV. 1/1/6B	. /

Mariana Comment of the . S. HAPK ...

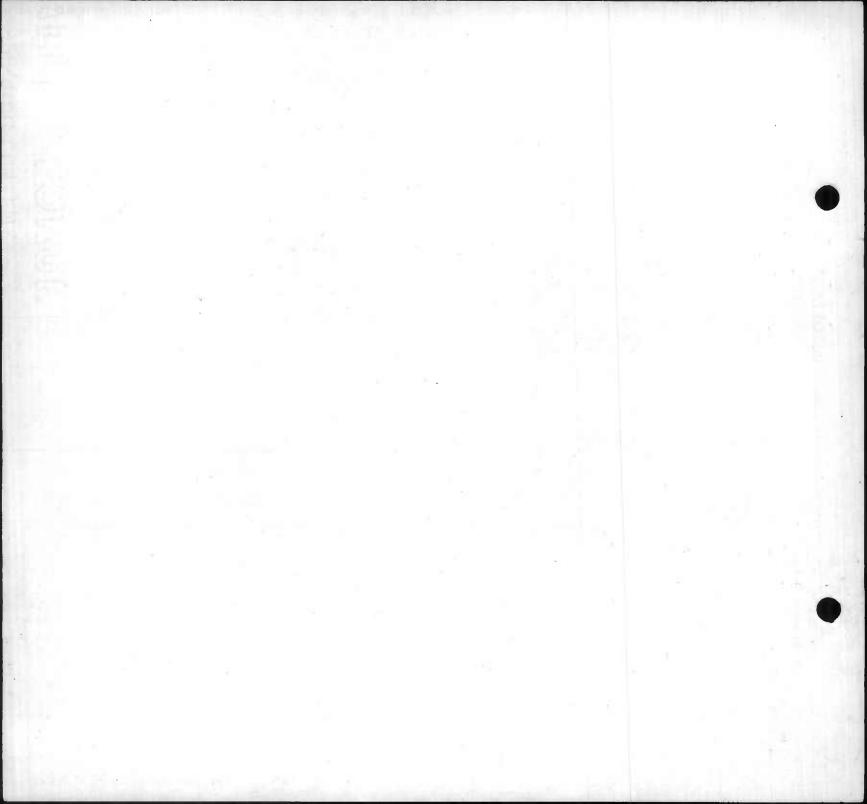
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE C	ITY HEALTH DEPARTMENT				
BIRTH NO. 68- 2851 CERTIFIC	ATE OF DEATH Registered No. 68-2851				
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
(Type or Print)	3/9/68 1:10 Am.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN Uf outside city limits, write RURAL and give hownship)				
Midtown Home, Inc.	D. STREET ADDRESS (If rurol, give location)				
808 St. Paul Street	806 E. Cold Sering Lane				
Baltimore Md. 21202 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years I Under 1 Yr., It Under 24 Hrs.				
F C Widowed	lost birthdoy) Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired) Have a fe Number	North Caroline us. A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Unkern	Unkann				
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
N = 216 24 2302	Norman Whittey 1137 W. Mitton he.				
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	dia Resuired To Co				
(This does not meen the mode of dying, e.g.,	tar the Heart Disease				
heorl foilure, osthenio, etc. It meons the diseose, injury or complication which caused death.)	Henselestic CUND				
ANTECEDENT CAUSES (B) O	spensore CONTS				
DISEASES OR CONDITIONS, if ony, giving	e. oite				
rise to the obove couse (A) stoling the (C) (C)					
4221 II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.					
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED				
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?				
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.	g., in or about 21C. WHERE DID (If in Baltimore City, give exact location), office bldg., INJURY OCCUR?				
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) While At Not Now Not	Vhile ork				
22. I certify that (I) (this hospital) attended the deceased from 1/3/68 19 to 3/9/68 19					
that (I) (we) last saw the deceased alive an					
and hour and from the couses stated above. (1) (Walking (did no	t) view the body ofter death.				
23A. SIGNATURE 23B. DATE SIGNED					
M.D. Attending Med. Stott Phys. Phys.					
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
Watter a Value of	CORMATORY CONTRACTOR (SINGLE)				
REMOVAL (Specify)	1 1 1 20-1.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C_EUNERAL DIRECTOR ADDRESS				
MAD 1 8 1968 R. P. A. F. Faller	Elroy O. W lan 1000 Brow then to.				
VS 150-REV, 1/1/65					



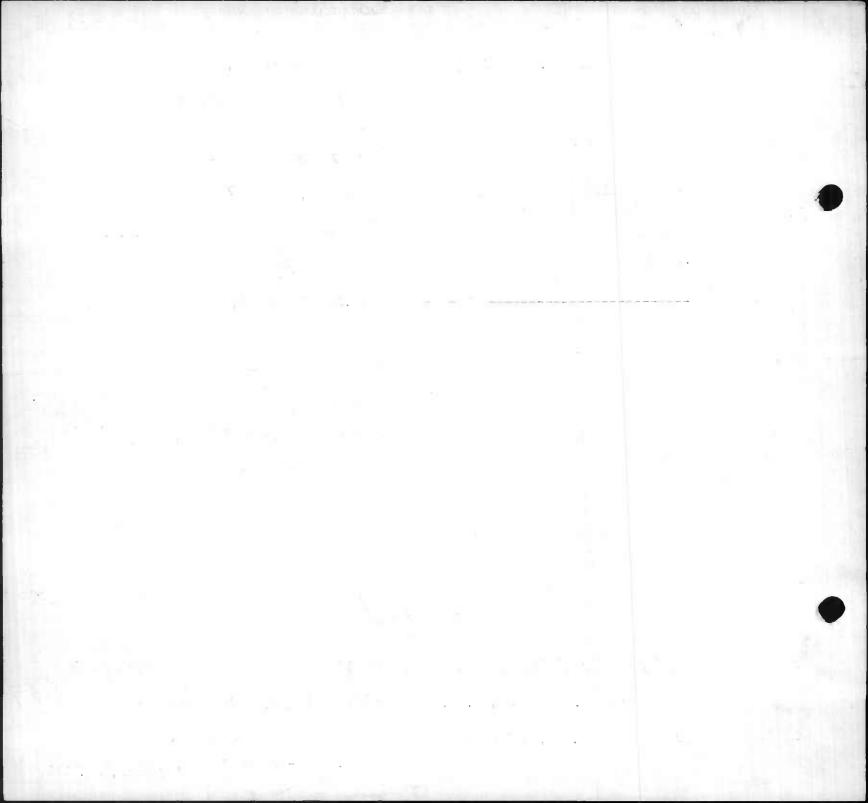
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

8 351	BALTIMORE CITY	HEALTH DEPARTMENT	00	0000
0-306 68- 28	852 CERTIFICA	TE OF DEATH	reg. No68-	- 2852
I. NAME OF DECEASED	DUTA T	2.DATE AND HO	DUR OF DEATH	
(Type or Print)	w/mm/	mark	5-1968	3
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where dec	ceased lived. It institution:	residence before odmission)
HOSPITAL OR ADDRESS OR LOCATION	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY L	IMPS 2-8- 5
0 1 0 1		Bulleman	YES 🔀	
3602 Copley Koad		E. STREET AND NUMBER		
00		3603 Copley	Koael	
5. SEX 6. RACE 7. MARR	NEVER MARRIED		E (In years If Under pirthday) Months	
Male WIDOV	40	8-3-1890	16	
10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	ountry) 12. CITI	ZEN OF WHAT COUNTRY?
Celucil		Re Amorel (1)	Va. la	1.84
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Deny Sydus		Sarah Su	dron	
15. Was Deceased Ever in U.S. Appled Forces? (Yes, no or unknown) (If yes, give wor or dates of servi-	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	2 ()	7 ADDRESS
no	212-61-5330	Posalle 1 de	ula So	ME
18. 1/ 199 9 7- 18-6	CAUSE OF DEATH	1	/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	anter	mile to Hear	e b	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE		1 ye.
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
injury at camplication which coused death,) ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, given rise to the above couse (A) stoting	9	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			
- 420,0 II			-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN		my by	state	6 300
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 201	LIE YES WERE FINDINGS	CONSIDERED
WAS PERFORMED		NO IN	CERTIFYING CAUSES OF	DEATH?
I U 121 A. ACCIDENT WAS UNDERLYING!	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Soltimore City, giv	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)			for an adultura and Bri	ve exoct location)
	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(ii iii deriiiide diiy, gri	re exoct location)
O 21 D. TIME (Month) (Doy) (Year) (Hour)		fice bidg., INJURY OCCUR?		re exoct location)
OF INJURY (Month) (Doy) (Yeor) (Hour)	etc.) 21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY		re exact location]
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	etc.) 21 E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJURY	OCCUR?	
21D.TIME (Month) (Doy) (Year) (Hour) OF tNJURY (APPROX.) 22. I certify that (I) (this haspital) attended	etc.) 21E. INJURY OCCURRED While At Not While Many North Work ed the deceased fram	21F. HOW DID INJURY 22 L 19 19 C	OCCUR?	1 5 19 68,
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	etc.) 21E. INJURY OCCURRED While At Not While Many North Work ed the deceased fram	21F. HOW DID INJURY 21F. HOW DID INJURY	OCCUR?	1 5 19 68,
21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive and hour and from the causes stated above.	etc.) 21E. INJURY OCCURRED While At Not While Work ed the deceased fram son 27	21F. HOW DID INJURY	OCCUR? To make to mak	A 5 19 L8, oth occurred on the dote
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21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	etc.) 21E. INJURY OCCURRED While At	21F. HOW DID INJURY 21F. HOW DID INJURY 19 6 19 6 19 6 ond that in iew the body ofter death. Med. Staff Phys. 23D. ADDRESS	(my) (our) opinion dec	oth occurred on the dote
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) R. & LAND T. SA	etc.) 21E. INJURY OCCURRED While At Not While At Work ed the deceased fram e. (1) (We) (did) (did nat) v DEGREE MAGE DEGREE	21F. HOW DID INJURY 23F. Aplay 23F. Aplay	Sto man (my) (our) opinion dec	oth occurred on the dote TE SIGNED 15 20
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21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) R. B. LAND T. SA 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Built 3-968	etc.) 21E. INJURY OCCURRED While At	21F. HOW DID INJURY 38 1 7	Sto man (my) (our) opinion dec	or county) 19 L8 19 L
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	etc.) 21E. INJURY OCCURRED While At	21F. HOW DID INJURY 22F. H	Sto man (my) (our) opinion dec	oth occurred on the dote TE SIGNED 15 20
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) R. B. LAND T. SA 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Built 3-968	etc.) 21E. INJURY OCCURRED While At	21F. HOW DID INJURY 38 1 7	Sto man (my) (our) opinion dec	or county) 19 L8 19 L



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH spital and of death (4) Undetermined cause; (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo MARIE В. MALATESTA March 11, 1968 hospital eath. 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance Maryland Baltimore or contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ō HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 Timonium NO X YES [Mount Sinai Nursing Home prior E. STREET AND NUMBER 2117 Forest Ridge Road made. regular 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH II Under 24 Hrs. MARRIED NEVER MARRIED deceased Days Hours Monthsi Female White WIDOWED 3 March 16,1896 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTRY? death isposition 2 done during most of warking life, even if retired) Maryland Housewife U.S.A. Home **₩** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Thompson John Bertha Crew death 0 P 15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dotes at service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO auce 220-07-8054 Mrs.Joseph Rifici. Same as any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY balmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner. gular injury or camplication which coused death.) em ANTECEDENT CAUSES who re are 4 DISEASES OR CONDITIONS, if any, giving ල the obove couse (A) stoling the physician UNDERLYING CONDITION last the remains approved by the chief medical Was of any nature; (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 the body was released to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where ž DEATH (notify medical exominer) MEDIO obtained (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) and Work At Work 22. I certify that (I) (this haspital) attended the deceased from death); that (I) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred an the date hospital and hour and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. must accident 23A. SIGNATURE 238 DAJE SIGNED Attending D Med. Staff 0 Phys. Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) ŧ shows: (1) An Edward S. Kallins, M. D. D.O.A. 24C. NAME of CEMETERY of CREMATORY ased 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Byrial Mar. 14, , Maryland 1968 Gardens of Faith Baltimore Was 258. NAME OF REGISTRAR Wm. Cook-Brooks Towson, ADDRESS 1050 York Road Towson, Md. 21204 VS 150-REV. 1/1/6B

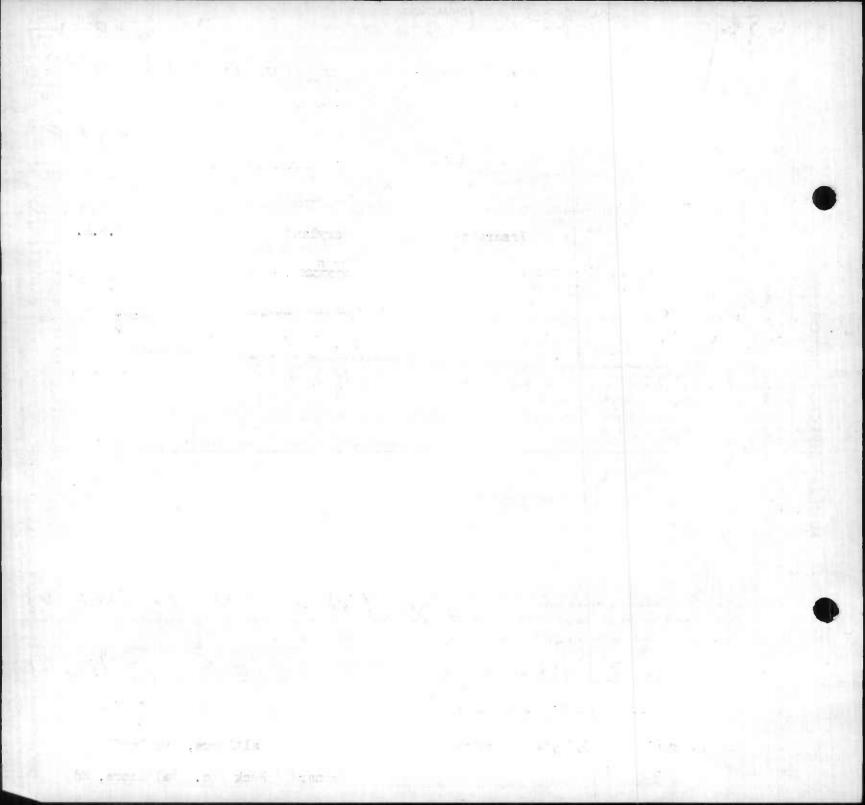


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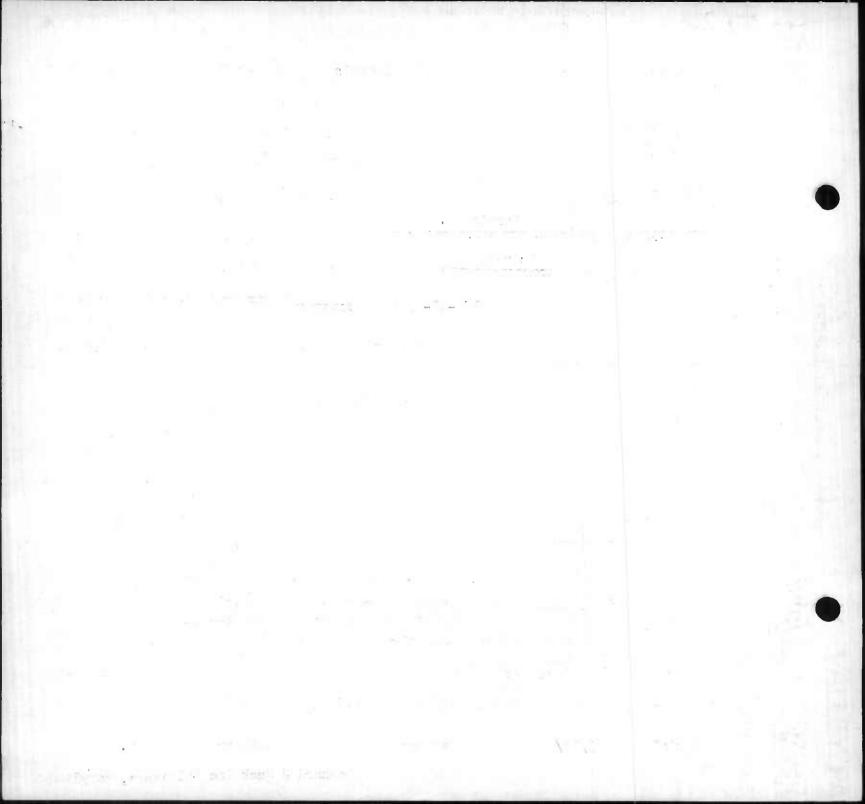
LTIMORE CITY HEALTH DEPARTMENT

RTIFICATE OF DEATH	REG. NO.	2854

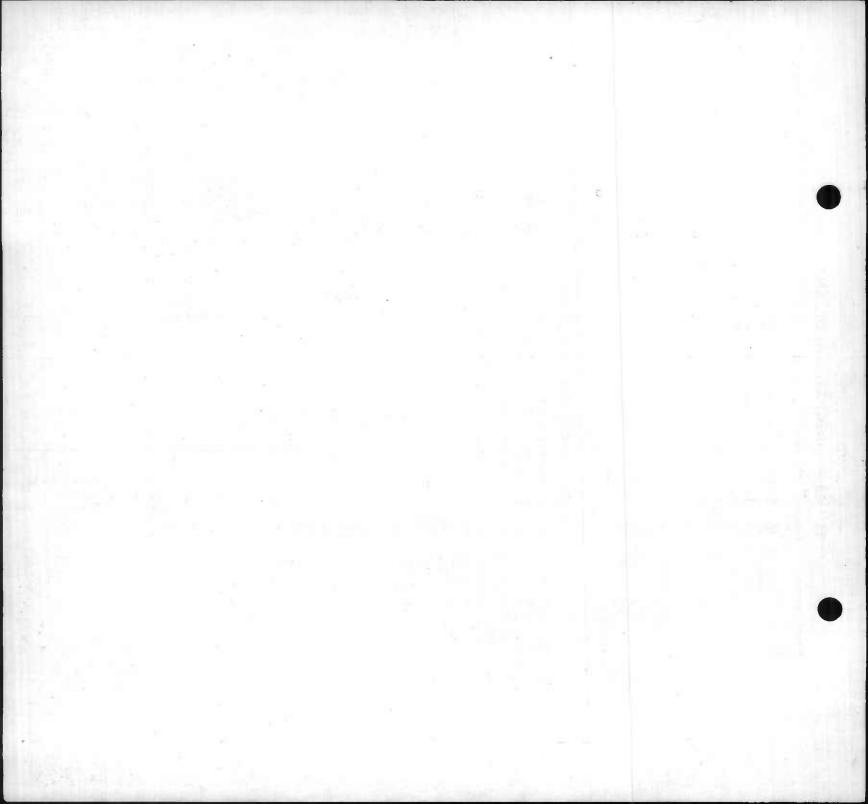
BIRTH NO.	CERTIFIC	ATE OF DEATH	REGINO	68- 2854
I. NAME OF DECEASED		2. DATE AN	HOUR OF DEAT	H Q 11 25 1
(Type or Print) HORNE	MAN, Helene E.	12	mana	0 // 0 Am.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSP HOSPITAL OR ADDRESS OR LOG	ITAL OR INSTITUTION, GIVE STREET	Maryland	Baltimo	ore 6 53 400
		Baltimore		YES NO
3		E. STREET AND NUMBER		
The Johns Hopk	ins Hospital	939 Starbit	Rd.	
5. SEX 6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	, AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Female White	WIDOWED DIVORCED	7-29-18	ost birthdoy) 49	Months Doys Hours Min.
Female White OA. USUAL OCCUPATION (Give kind of wo				12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired				II C A
	Insurance	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE.	
Emil A. Hornem	an	Berta Gunke	1	
1S. Was Deceased Ever in U. S. Armed F	orces? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or do	tes of service) SECURITY NO.			
No 18.	CAUSE OF DE	Herbert Hornems	n	Same APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if rise to the abave couse (A UNDERLYING CONDITION lost. / 7	any, giving DUE TO, OR) sloling the (C)	AS A CONSEQUENCE OF:		
U 19A. DATE OF OPERATION 198. CO		20 A. AUTOPSY? (Yes or No) Yes	20B. IF YES, WER IN CERTIFYING C NO	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.ghome, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		ore City, give exact location)
21D. TIME (Month) (Doy) (Yeo	Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not W			
	Work LJ At Wo	ork On the	60	2 2000 68
22. I certify that (I) (this hospit	ol) attended the deceased from	7 111 42	9 00 to /	1000
that (1) (we) last sow the decea	sed olive on 7 / / / / /	19 Of ond the	it In (my) (our) o	pinion deoth occurred on the dot
and hour and from the causes st	ofed obove. (1) (We) (did) (did not) view the body ofter deoth.		
23A. SIGNATURE			11	238. DATE SIGNED
1/5 m			Staff Phys.	17 May 68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	rilys.	1 2 000000
NAME (Type)			le sole à se e TT	ognital
Dr. Richard				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	CREMATORY 24D. LC	CATION	City, town, or county) (State)
Burial 3/16/6	8 Parkwood	Re 1	timore, Ma	aryland
2SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
MAD 1 2 1000 A	O R Q Fo Po MA	Leonard J Ruc	k Ina R	altimore, Md
348 4 3 1300 (C. NOWENT	Tagnard a unc	THE THE	ar orning a but



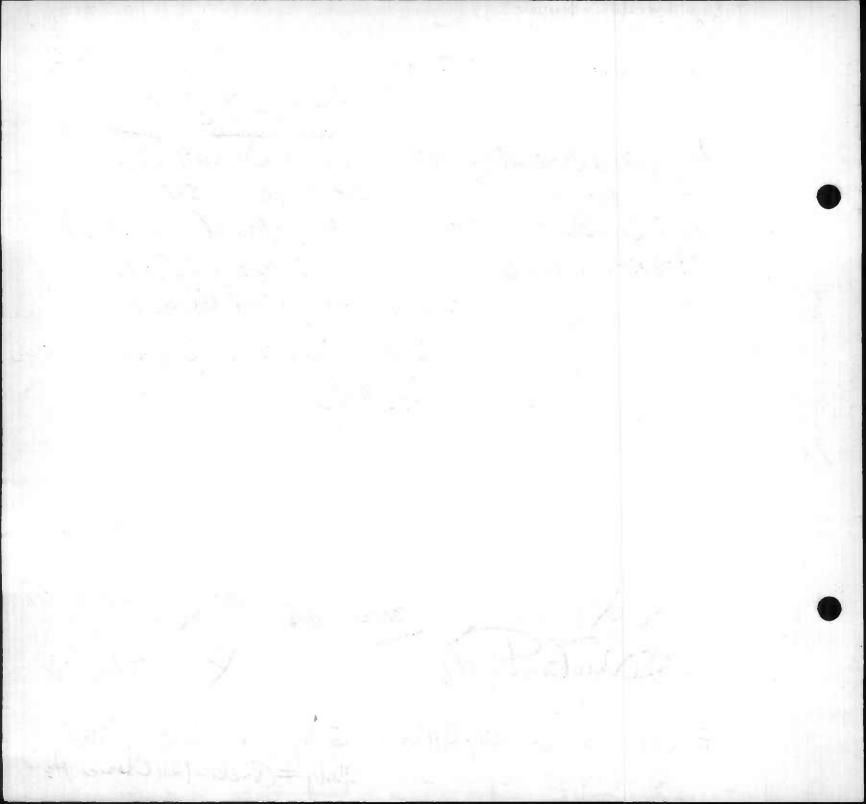
	HEALTH DEPARTMENT
BIRTH NO 68- 2855 CERTIFICA	TE OF DEATH REGINO 68- 2855
DIKITI NO.	
Type of Print INNETH O. KANNEX MIC	2. Date and Hour of Death 3 ~ 12 - 68 5.00 AMm.
KENNETH O. KAKKAKKAKKAKKAK Mic	haels 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?
HOSPITAL OR ADDRESS OR LOCATION INSTITUTION CIENTERAL HOSP, TAL	
	BALTIMORE O YES NO
RBALTIMORE MO	E. STREET AND NUMBER
0 2	2405 TAYLOR AVE.
S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
MALE '4) WIDOWED DIVORCED	9-6-09 5-8
IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Martin Co.	STR - 12 R- 14 1/5/2
1090909099 Technician habitacockocasaccock	STROUDS BURG PENNA. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BURTON L. HOSOBORNIONOSEX	ALMA LEBAR
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
776 02 9063	Margaret Michaels Same
700	APPROXIMATE INTERVAL
1 7 7 X	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	JSEY SIEMA 10 yms
(This does not mean the made of dying, e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:
heart failure, asthenia, etc. II means the disease,	A CONSEQUENCE OF
injuly or camplication which caused death.)	2. 40
(B)	IMONIA 2 WKS
Districts on Correlations, in any, giving	A CONSEQUENCE OF:
rise Ia the above cause (A) stating the UNDERLYING CONDITION last. (C)	
- 5 2 7// II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	
	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFFING CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., I home, form, factory, street, o	in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical exominer)	mice bidg., INJURY OCCUR!
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.) Work At Work	
22. I certify that (2) (this haspital) attended the deceased fram	2-21 - 1965 to 3-12-1965,
that (B) (we) last sow the deceased alive an 3-12 -	19 (6) and that in (6) (aur) apinian death accurred an the date
and hour and fram the causes stated abave. (We) (did) (did ma)	
23A, SIGNATURE	
	17017112
James & Stordano MD DEGREE Phy	
23C HYSICIAN'S NAME (Type)	23D. ADDRESS
JAMES P. STODOAKD HO GEGREE	HARYLAND GIENTERAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Heatherles Down
Burial 3/15/68 Union Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Weatherly Penna. 25C. FUNERAL DIRECTOR ADDRESS
MAR 13 1968 R. P. & E. Farley MA	
VS 150-BEV 1/1/68	Leonard J Ruck Inc Baltimore, Maryland



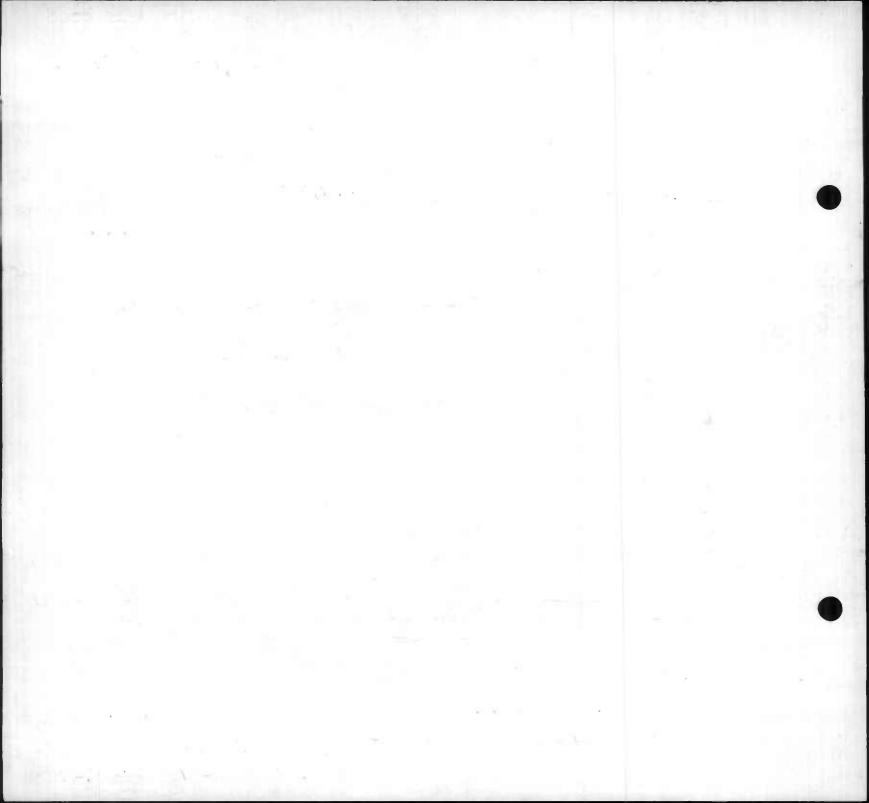
1	BALTIMORE CITY HEALTH DEPARTMENT 68- 2856
7.5705	BIRTH NO. 68- 2856 CERTIFICATE OF DEATH
and eath ased the Such	T, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	(Type or Print) JAMES CRIPDS 3/12/68 12:15 D. M.
of de Dece e on	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission)
se se ance	1 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- D P	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
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od cau	CO- CO TO TO THE
ed ar ar de.	
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdox) Months: Doys Hours Min.
occont ont reg reg	MALE WILLS WIDOWED DIVORCED DIVORCED 10. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
contributed in contributed in regulation is ma	done during most of working life, even il retired)
	Will Committed to the c
rect or (4) Und was the d ispositi	13. FATHER'S NAME
dire	George CRIPSS / Ella Jervis
itant e di ind; eath e on al d	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. GERALINE FELTER
ssiss the the de nee	212-01-505/ SETAL (N) IECE) 3138 ETTENSLIER
if if if ed dan dan or f	18. 4 / APPROXIMATE INTERVAL
f o d	DISEASE OR CONDITION DIRECTLY
Als e o nou att	LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS & CONSEQUENCE OF:
er. ctur pror ar	hearl foilure, asthenio, etc. II meons the disease, injury or complication which caused death.)
E E B 2 E	ANTECEDENT CAUSES
A fr A fr Vho reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
exeex	underlying condition last. (c) Carawa of Jamels the
s; (signal	ONDERLYING CONDITION IOSI. (C)
adical dical rrns; rsicic was mair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
med dy bu phy cian	II IDISEASE OR CONDITION GIVEN IN PART 1 (A).
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
oy oy o	WILLIAM COLORAN WAS HADDEN VANCED AND A COLORAN WAS A COLORAN WAS A COLORAN WAS A COLORAN WAS AND COLORAN WAS
the (2) ere o phe efor	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout OR CONTRIBUTING CAUSE OF Control of Control o
N S S S S S S S S S S S S S S S S S S S	0
d b osp osp (6)	D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
y no y no ccep nd	Work At Work
- F - C - R - H	22. I certify that (I) (this hospital) attended the deceased from 1900 to 1900 to
000.0	that (I) (we) lost saw the deceased alive on
ased to dent of ospital death) must be	and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.
leased ident hospite o deat	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 217/CR
E 6 + 5	Drocker Phys. Director Phys.
0 - 0 - 5 >	23C. PHYSICIAN'S NAME (Type)
	A. MEDO JA, MEGAEE FRANKLIN STUDE 1000 June
モサロのるこ	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certif the body shows: (1) was D.O./ deceased written a	Burial 3-16-1968 Cedar Hill Brooklyn Md.
the back was dece writt	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 2ST EUNERAL DIRECTOR 2 ADDRESS
F = 3 3 0 3	MAR 13 1968 Pelant & training December Drong 20 Turbullan
	VS 150-REV. 1/1/68



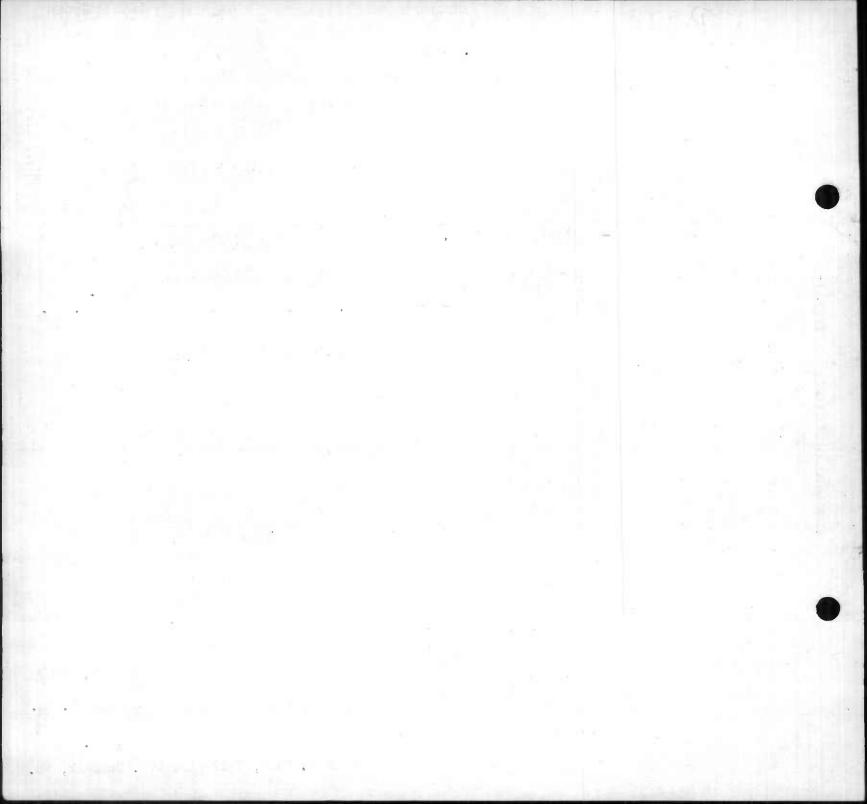
BALTIMORE CITY HEALTH DEPARTMENT 68- 2857 REG. NO CERTIFICATE OF DEATH Such h occurred in a hospital and contributing cause of death Undetermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF (Type or Print) uo death. lion: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased admission) A. STAT B. COUNTY attendance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION INSIDE CITY LIMITS? C. CITY OR TOW 0 NO X prior E. STREET AND NUMBER regular mad S. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED deceased Months Days Hours lost birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? death isposition done during most of working lite, even if retired) = 0 MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 4 *EDVIN* On death TO kind; ADDRESS Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORM ANT (Yes, no or unknown) (If yes, give wor or dotes of service) or final SECURITY NO. attendance any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of mbalmed LEADING TO DEATH fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, the chief medical examiner ular examiner. injury or complication which caused death.) ANTECEDENT CAUSES ho 0 5 re are DUE TO. OR AS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, if any, giving 3 3 ta the abave cause (A) stating the physician UNDERLYING CONDITION last, remains M dis medical burns; 0,1 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIFI before by 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 (If in Bottimore City, give exact tacation) where to the hospital °N AL DEATH (natify medical examiner) etc.) any nature; MEDICA by obtained 21 D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While F (A PPROX.) and Work At Work 22. I certify that (N) (this haspital) attended the deceased fram that (1) (wa) last saw the deceased alive an and that in (my) (abc) apinion death accurred on the date pe of death) hospital This certificate must be and haur and from the causes stated above. (1) (We) (did not) view the bady after death. the body was released must accident 23B. DATE SIGNED 23A. SIGNATUR Attending Staff Med. 10 Phys. Director Phys approval DEGREE 0 23C. PHYSTCIAN'S 23D. ADDRESS prior to NAME (Type) An DEGREE D.O.A. 24A. BURIAL CREMATION, CEMETERY OF CREMATORY 24D. LOCATION (City. town, ar county) (State) deceased REMOVAL (Specify) written shows: Mounin SD 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF DIRECTOR ADDRESS g 3 VS 150-REV. 1/1/68



	AME OF DECI		Ruzicka			ch 9,1968	8:45 A.
3. P	LACE IN BALT			ONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. I	(institution: residence before admiss
HO:	L NAME OF	(IF NOT IN H	OSPITAL OR IN	NSTITUTION, GIVE STREET	Maryland c. City or TOWN		NSIDE CITY LIMITS?
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5. SI	emalr	6. RACE White	7- MARE	RIED NEVER MARRIED WED DIVORCED	B. DATE OF BIRTH Feb. 1,1889	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	during most of v	PATION (Give kind working life, even if re		D OF BUSINESS OR INDUST	(zechoslovak		12. CITIZEN OF WHAT COUN
13. F	Anthe	ony Bech			14. MOTHER'S MAIDEN NA	ME	
15. V (Yes,	Vos Deceased	Ever in U. S. Arm	ed Forces? or dotes of serv	security No.	Josephine Rade	e - 3300 Duo	Address Lley A enue
	(This does not heard foilure, injury or come DISEASES Corise to the	LEADING TO DE ol meon the more osthenio, etc. It re plicotion which c ANTECEDENT CA OR CONDITIONS, e obove couse G CONDITION to	de of dying, meons the disc coused deoth.) AUSES , if ony, gi (A) stoting	iving (B) Luca	AUSE S A CONSEQUENCE OF: AS A CONSEQUENCE OF:	hosis Les	
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1	P-340 68- 2859 BALTIMORE CITY HEALTH DEPARTMENT REGING. 68- 2859
Ded at	BIRTH NO. CERTIFICATE OF DEATH
deat deat ease n th Suc	1. NAME OF DECEASED Alfred T. Padilla 2. DATE AND HOUR OF DEATH
oital and af death Deceased e on the on the	(Type or Print) DADILLA, ALFRED. THOMAS 3-10-68 12.30 AM.
	3. PLACE IN ALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
has ise (5) and de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HASPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN The street D. INSIDE CITY LIMITS?
se; se; and ta	INSTITUTION RAICIMOVE VES NO X
in a ng cau cause; attend iar ta	Franklan Souare Hosp E. STREET AND NUMBER
0 + p - d 0	3132 Gollers point road
ntribu rmine egulai ased	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF 8IRTH 9. AGE (In years last birthdou) If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
ocant ant reg eas	Male White WIDOWED DIVORCED 3-14-21 16 100. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, 81RTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
det con in ion	done during most of working life, even if retired)
if death ect or c (4) Undet was in the dec	Iron Worker- Bethlehem Steel Co. Pennsylvania U_S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
# 9 (4) × + sq s	Michael Badilla Nary Archie
di di di	TS. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) (If yes, give war or dotes of service) (Tes, no or unknown) (If yes, give war or dotes of service)
sistement with the sistement of the sist	Yes WWILL 170-18-0059 Mrs. Eunice Padilla, 3132 Sollers Pt. Rd.
his ass o, if t fany f nced endan d ar fi	18. CAUSE OF DEATH
his so, af a unc ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH POTOMICS ACTION 4004
P o D o E	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE / C.R./ OVY/ 13/ DUE TO, OR AS A CONSEQUENCE OF:
er. ctu pra lar	heort foilure, asthenia, etc. It meons the disease, injury or complication which caused death.)
mine Mine ha ha he egul	ANTECEDENT CAUSES (B) ILEAL - PERITONEAL FISTULA
X D 4 3 L L	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the
id ex (3) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	UNDERLYING CONDITION last. (c) Holinoca-cinoma of Mos Pale
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med bu bu bu bhy an	TO THE DEATH BUT NOT RELATED TO THE TERMINAL IN THE DEATH BUT NOT RELATED TO THE TERMINAL BUT NOT RELATED
chief a Bady the ysici e the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 204. AUTOPSY? (Yes or No) 108. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exect location)
2 × 0 × 5 0	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location) home, form, factory, street, office bidg., INJURY OCCUR?
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hasp natu ept d (6) aine	While At Not While At Work
0 0 0 0 0	22. I certify that (I) (this hospital) attended the deceased from 2-19 19 60 to 2-10 19 60 .
0 0 0	that (1) (we) last saw the deceased alive on 3-10 1960, and that in (my) (our) opinion death occurred on the date
be ed ed	ond haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
5 6 5 5 5	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff Director Phys. Director Phys.
E O C D T D	Aftending Med. Staff Director Staff Director Dir
was reliand An accident to briar to ppraval	
	Sang Bock Lee OEGREE Franklin Square Host Balto. Md. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town or county) (Stote)
certificate body was r vs: (1) An a D.O.A. at ased priar ten apprav	Burial 3/13/68 Baltimore National Cemetery Baltimore, Md.
This certif the body shows: (1) was D.O deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
F = 7 3 0 3	WAK 13 1968 Order E. Souline John J. Duda, 7922 Wise Ave. Dundalk, Md.



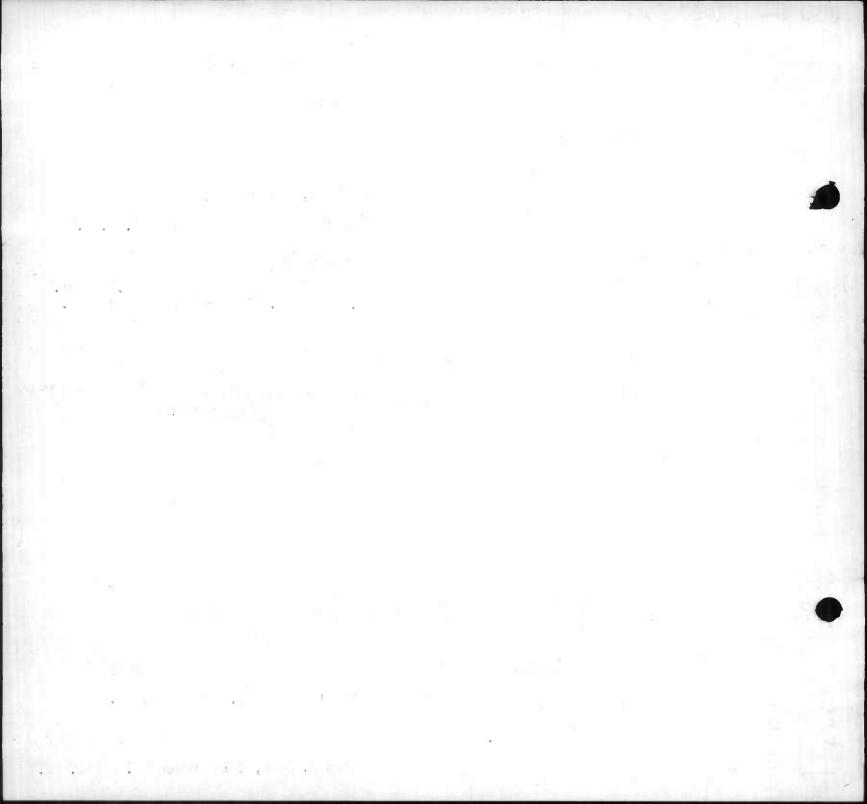
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3. 1	LACE IN BAL		AND, WHERE PROP		4. USUAL RES	DENCE (Where deceased	lived. If institution	residence before odmission)
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) / B	altimore	City Hospi	Ltal.	6930 Ba	NUMBER Enk Street		
s. s Fe	male	6. RACE White	7- MARRIE	ED NEVER MARRIED DIVORCED	8. DATE OF BII	lost birthda	yeors If Un. Manth	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
done		working life, even if		OF BUSINESS OR INDUSTR	Michiga	E(State or foreign country)		S. A.
_	alter C				14. MOTHER'S Stells	MAIDEN NAME		
IS. V	, no or unknown	Ever in U. S. Ar	med Forces? r or dotes of service	16. SOCIAL SECURITY NO. None		(Husband) ter J. Siatko		o. Address Md. Bank St.
	18. 41 1 D	9-1		CAUSE OF DEA	TH			APPROXIMATE INTERVAL
	DISEAS	E OR CONDITI		(A) IMMEDIATE CA	USE	mary Occli	lecin	in midiate
	heart failure, injury ar carr DISEASES Crise to the	asthenia, etc. II aplication which ANTECEDENT C OR CONDITION	AUSES S, if any, givi e (A) stating t	se, DUE TO, OR A	A CONSEQUENC	tu heart deve ce or a februil	ici Etion	10-15ges.
z	4201)	П	ns Contributin	(C)				
ATIO	TO THE DEAT		ED TO THE TERMINA					
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MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)		While At At Work At Work	ile 🗀	OW DID INJURY OCC	U R?	.6.
	that (l) (wo)	last saw the d	eceased alive a	d the deceased fram			(con) apinian de	eath accurred an the date
	23A. SIGNATU		es sidied doove	(did har)	view the budy	arrer dearn.	23 B, D	ATE SIGNED
	A	3.00	minust	rebon. ODEGREE PH	ys. 22 (Med. Staff Phys.	3,	/11/68
	made activities				23D. ADDRESS			
	23C. PHYSICIA NAME (T NOS. BURIAL CRE	. 13, 131	PONUSHA	AS M. D DEGRE	3037 011	Donnell St. B		Md., or county) (State)

MAR 13 1808 Robert E. Lubeyma

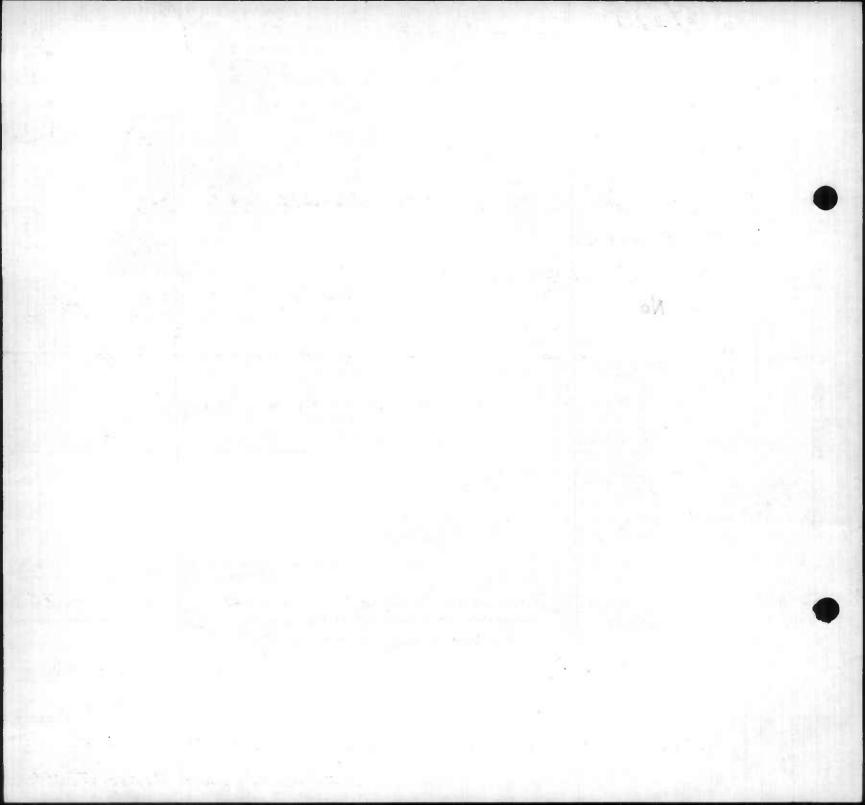
VS 150-REV. 1/1/6B

nian death accurred an the date 238, DATE STONED 3/11/68 re, Md. ity, town, or county) imore, Maryland John J. Duda, 2829 Hudson St. Balto. Md.

68-2860



1	R-240 68- 2861 CERTIFICATE O	DEPARTMENT REG. No. 68- 2861
of death of death Deceased e on the ath. Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
ital of d on th.	(Type or Print) LAVANIA C. RUSSE // 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUA A. STAT	AL RESIDENCE (Where deceased lived, It institution: residence before admission)
S) nc led	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	OR TOWN/ D. INSIDE CITY LIMITS?
in a hi cause; (is attenda	Resilion Resilion	SI FIMORED YES NO
P de		1 FLANNERY LANE
occurr ontribu ermine regula eased is mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED DWORCED 5-3	OF BIRTH 9. AGE (In years lost birthday) 87 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0 9 - 9 -		HPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dea toru	13. FATHER'S NAME 14. MQJ	genra U.S.A.
direct or c direct or c d; (4) Undet th was in on the dec	William LEE T	Mary E. Brown ADDRESS Mary E. Doerrman,
ista he kind deat ce o	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Aughter 3531 Hannery Lane
his ass o, if t fany l nced endan d or fi	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, e of noun atter	LEADING TO DEATH	VA 16 hies
er. ctur pron	injury or complication which covered doubly	
min min fra ho egul	ANTECEDENT CAUSES (B) ARKING SELE	nofie Carclio VASC- Drs -
exa (3) A in w in r	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	
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a r Sody he p sicio	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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rove ne h y ng xcep nnd (22. I certify that (I) (this hospital) attended the deceased from 2/26/	1968 10 3-10 1968
app to the of an al (e h); c	that (I) (we) lost saw the deceased alive on 3 -10	60 ond that in(my) (our) opinion death occurred on the date
nt nt pit pit	and hour and from the causes stated above. (I) (Wo) (did) (did not) view the	23 B. DATE SIGNED
eleas ccide ccide a hos to d		Med. Director Phys. 3-10-68
y was relly was rell. 1) An acc 2. A. at a l d prior to	23C. MAYSJETAN'S MANE (Type) REL-MAN DECREE	of Hespital Boltimone
certificat sody was vs. (1) An D.O.A. a ased pric		240) LOCATION (City, town, or county) (Stote)
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C.	FUNERAL DIRECTOR ADDRESS
This the k show was dece	NAR 13 1968 R. O. B. S. Ja. Chara	Jung Byers 8728 Liberty Road



BALTIMORE CITY HEALTH DEPARTMENT 68-2862 REG. NO. CERTIFICATE OF DEATH Deceased death I. NAME OF DECEASED AND HOUR OF DEATH (Type or Print) 3 LO 6 a hospital 4. USUAL RESIDENCE (Where deceased B. COUNTY of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD residence before admission) attendance A. STATE BALTMORE cause; (5) cause IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION prior contributing MemoriA Undetermined disposition is made regular 6. RACE 9. AGE (In) lost birthday) 5. SEX yeors If Under Yr. If Under 24 Hrs. deceased Months Doys Hours CHICONED DIMORGED OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRT [HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life wy if retired) 0 SD the 14. MOTHER 13. FATHER 4 LO death IS, Was Deceated Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) kind; 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance any pronounced CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY so, embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode at dying, e.g., heart failure, asthenio, etc. It means the disease, ular injury ar camplication which caused death.) ANTECEDENT CAUSES who 0 9 the remains are DUE TO, OR AS A 4 DISEASES OR CONDITIONS, if any, giving CONSEQUENCE O the obave couse (A) sloting the (3) = physician UNDERLYING CONDITION last. MOS medical 6 ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief 9A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the -10 68 IN CERTIFYING CAUSES OF DEATH? before (2) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) where home, form, foctory, street, office bldg., INJURY OCCUR? hospital MEDICAL DEATH (notify medical exominer) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED approved OF INJURY (except Not While While At (APPROX.) and Work At Work the any 22. I certify that (this haspital) attended the deceased fram 1.0 40 pe that (we) lost saw the deceased alive on... and that in (my) (our) opinion death occurred on the date hospital death) and hour and from the couses stated above. (1) (did) (did) view the body ofter death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Shaff 0 Phys. approval Director Phys. 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS certificate ŧ **NOS** The Union Memorial Hospital (i) A D.O.A Edgar Gedosh DEGREE 24A. BURIAL CREMATION, 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION deceased town, or county) (Stote) REMOVAL (Specify) shows: 258 NAME OF REGISTRAR MELERY VICE MOS ADDRESS SA. DATE REC'D BY HEALTH DEPT. wad VS 150-REV. 1/1/68

or the Live in - Martin Salar Commercial 19 16 3 VEKMONT Hermanife Wester took Kilda Walasa ... GI Westing to richard sollowing 4 indus - steeley C-Cercelang 3400 solgena barball

MEDICAL EXAMINED'S CEDTIFICATE OF DEATH

BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) WILLIAM E. STEWART	OF DEATH Estimoted M. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 9, 1968 3:05 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
1225 E. Lanvale Street	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	D. INSIDE CITY LIMITS
Male Negro widowed □ divorced [
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 H. Months; Doys; Hours; Minches 1 Minches 1 Minches 24 H. Months; Doys; Hours; Minches 2 Minch	in.
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	1225 E. Lanvale Street
WHAT COUNTRY?	A 1'11'
Balton Man U.S.A.	William Stewart
ITAA. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUS done, during most of working life, even if retired)	TRY 15. MOTHER'S MAIDEN NAME
Laborer ?	Laura Goldsboro
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no ar unknown) ((If yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
ND 2/3-01-366	Ninla Stewart 83NN. BOND. St.
19. CAUSE OF D	
DISEASE OR CONDITION DIRECTLY Arter	riosclerotic cardiovascular disease
LEADING TO DEATH	
(This does not mean the made of dying, e.g., DUE TO. C	PR AS A CONSEQUENCE OF:
heort failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B)	DR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, C	DR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
P 422,1 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
O 1	VVAS PERFORMED
	Yes
UNDERLYING OR CONTRIB- home, form, foctory, street, a	.g., in or obout 22C., WHERE DID (If In 8oltimore City, give exact location) INJURY OCCUR?
UTING LI CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRE	D 22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT N	OT WHILE
(AFROX.) m. WORK A	T WORK
_	Autopsy 🗓 ond that on this basis, death in my opinion
resulted from: Natural causes X Accident Sui	
ACTUAL (Man &)	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.I.	ASSOCIATE MEDICAL EXAMINER March 10, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	RY or CREMATORY 24D. LOCATION (City, town, or county) (State)
Bunial 3-12-68 Mt. Aubu	MACEMPTERN BOLL, Md.
25A. DATE RECID BY HEALTH DEPL. 25B. NAME OF TEGETRAR	25C. FUNERAL DIRECTOR ADDRESS
MAK 13 1900 Offer & Johnson	Randolph J. Collick 24316 Oliver St.
VS 151-REV. 1/1/68	The state of the s

11-4-1903 64 desperance Seemane Parmide Seemane Seeman

Busi'd B-12-68 NE ALGURY BRECH

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2. DATE AND HOUR OF DEATH MARCH 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence

BIRTH NO.	3		CLKIIII
1. NAME OF DE	CEASED	LAIBOT	INF, JA
3. PLACE IN BA		ND, WHERE PRONO	
HOSPITAL OR	re City Ho	HOSPITAL OR INSTIT R LOCATION) spitals	UTION, GIVE STREET
	stern Ave.	nd # 21224	
5. SEX	6. RACE		X NEVER MARRIED
Male	Negro	WIDOWED	DIVORCE
Sexto	f working lile, even if		esch
13. FATHER'S NA			

Maryland C CITY OR TOWN Baltimore F. STREET AND NUMBER 1516 N. Chapel St. INSIDE CITY MIT

21213

	ayao ne onapea boe	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
DIVORCED	12-25-97 70	
BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
soch	Virginia, Dispatana	U.S.A.

14. MOTHER'S MAIDEN NAME

005

Richard	C	12	1	1-0	27	N	P
TOT CITCLE OF		· w	/ (00	0 "	8 W	انسا

SECURITY NO.

CAUSE OF DEATH

17. INFORMANT BCH: Records: 4940 Eastern Ave. Baltimore. Md.

220-09-5039 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(Yes, no or unknown) (II yes, give wor or dotes of service)

15. Was Deceased Ever in U. S. Armed Forces?

(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.

DUE TO, OR AS A CONSEQUENCE OF

Chattie

Chris	nie	dosi	lita	tion
		SEQUENCE O		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, lactory, street, alfice bldg., INJURY OCCUR?

(If In Boltimore City, give exoct location)

CERTIFICATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21E. INJURY OCCURRED

MEDIC (Month) (Doy) (Year) (Hour) OF INJURY

While At Work

Not While At Work

21F. HOW DID INJURY OCCUR?

22. I certify that ((this hespital) attended the dece that (1) (and) lost sow the deceased alive on....

..ond that in(my) (apinion deoth occurred on the dote

and pour on'd fram the couses stoted above, (1) (11) (did) (did not) view the body after death. 23A. SIGNATURE

23C. PHYS CIAN'S NAME (Type)

Attending [23D. ADDRESS

Director

23B. DATE SIGNED

Raymond 24A. BURIAL CREMATION, 24B. DATE

J. LaSure MD.

Baltimore City Hospitals 4940 Eastern Ave Baltimore, Maryland

VS 150-REV. 1/1/6B

(APPROX.)

IMPORTANT FUNERAL DIRECTOR: Terminal Preumonia Chronie debilitation Dubotes hiellotus

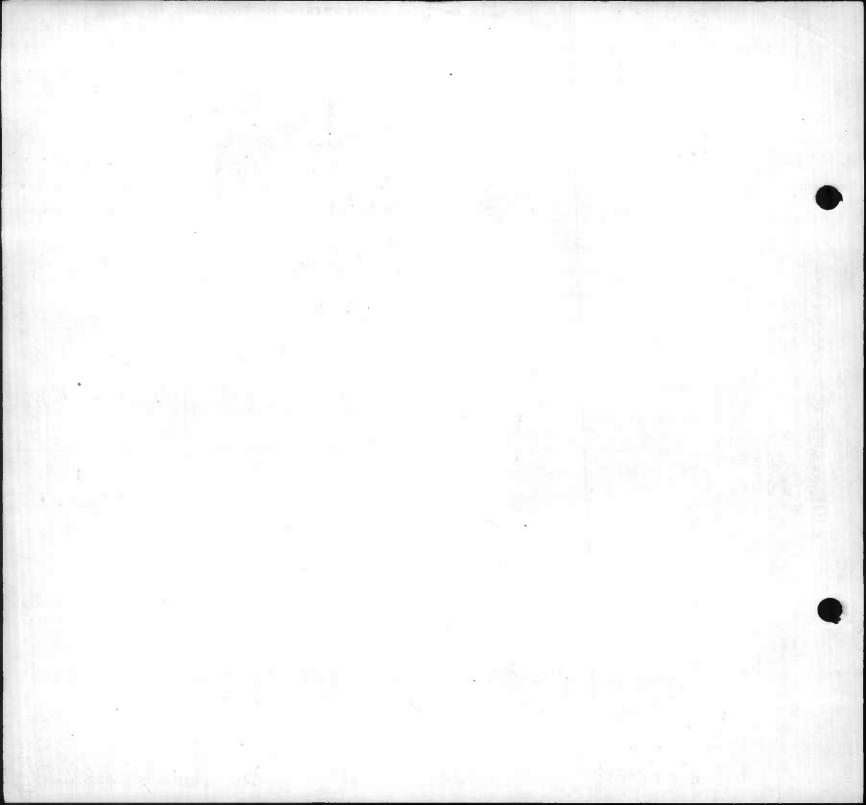
68 havely 18 Kummel & Cabine was

The delight of the last of the Alexander

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

C-150 68-	BALTIMORE CIT	Y HEALTH DEPARTMENT		0005
G-650 BIRTH NO. 68-0348468-	CERTIFICA	ATE OF DEATH	REG. NO	68-2865
III, NAME OF DECEASED!	6-11	2. DATE AND	HOUR OF DEATH	
(Type or Print) Hope a.	Reen	3 -	-8-68	13:15 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P.	RONOUNCED DEAD	A. STATE B. COUNT	deceosed lived. If in	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Barifa	and	10/0
INSTITUTION	1.61	C. CITY ORLIOWN	D. INS	YES NO
142 Sinai Hos	peras	E. STREET AND NUMBER	2 . 11	1/ 11 111
		3714 P	ank Heigh	hts fre puets
5. SEX 6. RACE // 7- MAI			ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
WIDO	OWED DIVORCED DIVORCED		17 a 4 /)	112, CITIZEN OF WHAT COUNTRY?
done during most of working life, even il retired)	TO OF DOSINESS OR INDUSTR	Batt-	One	7/ (
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	e sile.	(1.)
Law Rence	4	Emma	The -	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	yejor	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of se	security No.	Guns 1	9	10 mil
18. 701	CAUSE OF DEA	TH	nun	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		A 7	. 11 ~	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	(A)IMMEDIATE CA		CHT	1092 days
hearl failure, aslhenio, elc. it means the dis injury or complication which coused death.)	sease,	S A CONSEQUENCE OF:		
ANTECEDENT CAUSES	b	walle mutur	la septil	local 17 days
	giving (B)	S A CONSEQUENCE OF:	cean suppu	4909 1104)
rise to the above cause (A) stating	(C)			
75412 1	(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
O OTHER SIGNIFICANT CONDITIONS CONTRIBU				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	100000000000000000000000000000000000000	20 A. AUTOPSY? (Yes or No)	208. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
OP CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltime:	re City, give exoct location)
DEATH (notify medical examiner)	etc.)	omce biog., into ki occok.		
Q 21D. TIME (Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Work At Work			
22. I certify that (I) (this hospital) atten	ded the deceased from		9.67.10	1968.
that (I) (we) lost saw the deceosed office	3 - 8	19 6 8 and the	ot In(my) (aur) opi	inion death occurred on the date
ond haur and fram the couses stoted obc	ove. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	11) At	tending Med.	Stoff N	23B, DATE SIGNED
PARTITION S. THE	Con OF GREE PH	23D. ADDRESS	Phys.	5-8-68
23C. PHYSICIAN'S NAME (Type)	1 il au	Cinal Hac	with INF	Ral+Imma)
24A. BURIAL CREMATION, 124B. DATE	AC. NAME OF CEMETERY OF C	REMATORY 24DOLO	CATION (C	ity, town, or county) (Stolet)
MMOVAL (Specify) 2-9-68	mf (). 1	6	1-	
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	, , , ,	25CoFUNERAL DIRECTOR	gunna	ADDRESS.
MAR 13 1968 P.O. 8-2	Fr. Ore MA	Welmato	restaller	elify 1727h May
VS 150-REV. 1/1/68	TANK THE		THE	3



24C. NAME of CEMETERY or CREMATORY

ASSOCIATE MEDICAL EXAMINER

FUNERAL DIRECTOR

24D. LOCATION

Hour

Hour

3:30 Pag

DATE SIGNED

(State)

March 10, 1968

(City, town, ar county)

EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION,

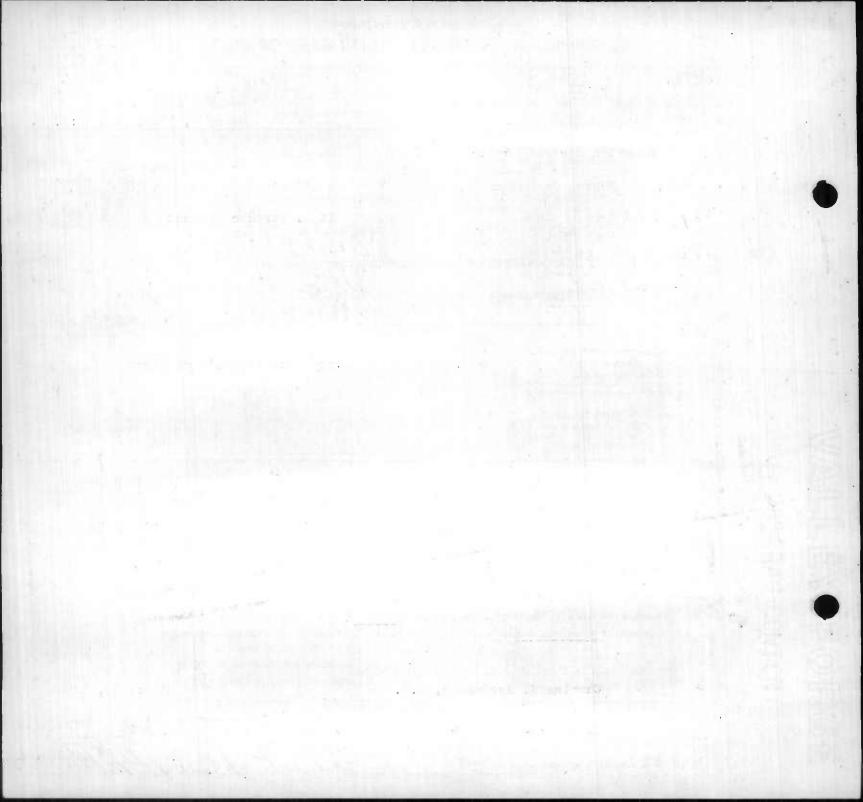
REMOMAL (Specify)

VS 151-REV. I/1/6B

Charles S. Springate, M.D.

25B. NAME OF REGISTRAR

24B. DATE



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This certificate must be

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the chief medical examiner

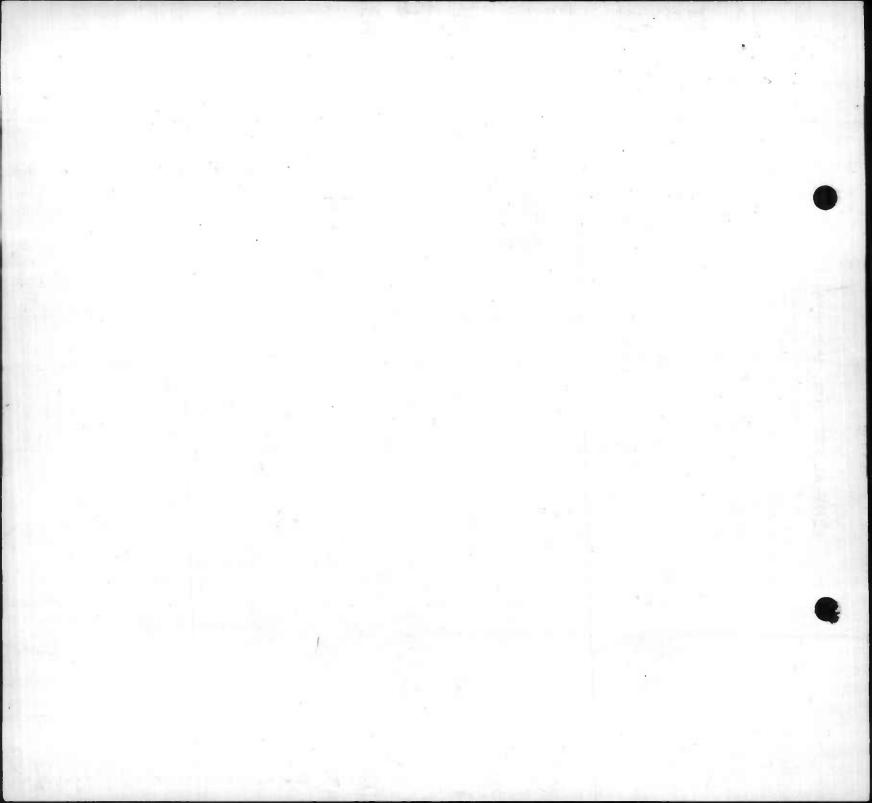
	CO_ DOOM BALTIMORE CITY	HEALTH DEPARTMENT
DIDT	68- 2867 CERTIFICA	TE OF DEATH REG. NO. 68 2867
1. NA	ame of Deceased	2. DATE AND HOUR OF DEATH
B. PL	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. It institution: residence before admission A. STATE 8. COUNTY
ULI IOS INST	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HTUTION Leage Washington Nursing Home	C.CITY OR TOWN BALTIMOR D. MASIDE CITY LIMITES NO.
6	07 Pennsylvania are.	E. STREET AND NUMBER 4013 Belle Avenue
SE Fo	* 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years of Months Doys Hours Min.
	male	Virginia, Cloudester B. USA
3. F.	ATHER'S NAME WILLIAM S. COOK	14. MOTHER'S MAIDEN NAME
5. W Yes,	Vas Deceosed Ever in U. S. Armed Forces? no or unknown) (It yes, give wor or dotes of service) No. 226-34-714	17. INFORMANT Chord COT Panying
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	BETWEEN ONSET AND DEA
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	A CONSEQUENCE OF: arterio Sclenais, Venhvoro
H	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19. 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street, off DEATH (notify medical examiner)	n or obout 21 C. WHERE DID (If In Boltimore City, give exact location) fice bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	21F. HOW DID INJURY OCCUR?
t	22. I certify that (I) (this haspital) attended the deceased fram. that (I) (we) last saw the deceased alive an	238. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) EE. HOLT	3715 Liberty Height are.
	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CRE BURIAL 3-13-68 Graften BAPT	Ch. Con. Williamburg, 1 VA
25A.	DATE REC'DISA HEAUTH DEBI-68 258, NAME OF REGISTERS	25C. FUNERAL DIRECTOR TOURS

VS 150-REV, 1/1/68

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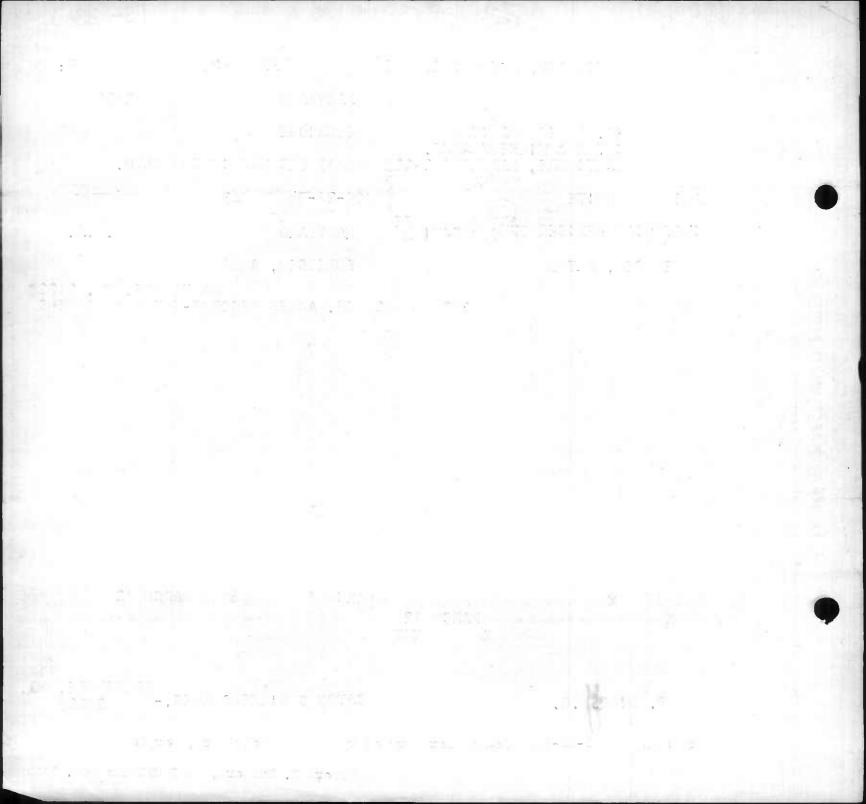
and leath ased the Such	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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hiefm a me 3ody b the ph 7sician	
ital by e; (2) l here No ph)	
boved be hosp ratur cept word (6)	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.	
the sho	

BREIN NO DIRENT NO DIRECTOR OF DECENTED TYPE OF PROSE AND MORE OF SEREN 2. PLACE IN BACTIMORE, MANTAND, WHERE PRONOUNCED DEAD PLACE IN BACTIMORE, MANTAND, WHERE PRONOUNCED DEAD THE JOHN'S HOPKINS HOSPITAL OR INSTITUTION, OVE STREET NOTIFICIAL STATES OF THE STAT	G-650 68- 2868 CF	DILLICATE OF DE	REG. NO	68- 2868
THAME OF DECENTED AMERICAND MATERIAN OF STREET AMERICAND MATERIAND MATER	BIRTH NO.	RIIFICATE OF DI	EATH	
PLACE IN BATHMORE MARKAND, WHERE PROMOUNCED DEAD FULL NAME OF BATH AND STREET CLEAR ON INSTITUTION, GIVE STREET FULL NAME OF BATH AND STREET CLEAR ON INSTITUTION, GIVE STREET SOOT N. BROADWAY BALT IMORE, MD 21205 FIRST MARKE NEGRO WIDOWROX DIVORCED TO BE STREET MALE NEGRO MARKE STREET MALE NEGRO WIDOWROX DIVORCED TO BE STREET MALE NEGRO MARKE STREET MALE STREET NAME MARKE STREET MARKE S	I NAME OF DECEASED			9 71501
BALTIMORE OF 1. BROADWAY BALTIMORE NEGRO N. BROADWAY F. STREET AND NUMBER F. AGE IN PROSE OF STREET OF E. CHASE STREET			DENCE (Where deceased lived. B. COUNTY	
BALTIMORE, MD 21205 SEX S. RAGE MALE MEGRO NEVER MARRIED S. DATE OF BITTH S. APE ID. POPEL Months: Ogy Hourt Miner Medica; Ogy Hourt Medica; Ogy Me	THE JOHNS HOPKINS HOSPITA	AL BALTI	MORE D.	
MALE NEGRO PROPERTY OF STATE OF SIETY 19. ADE IN YOUR DEATH AND DIVORCED DI		700	E. CHASE STRE	EET
TAR JUSTAL OCCUPATION (Five And of weaking by severy in friender) The severy of the s	5. SEX 6. RACE 7. MARRIED NEVER	MARRIED B. DATE OF BIRT	H 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs.
18. Port 18.	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of warking life even if retired)	OR INDUSTRY 11. BIRTHPLACE	(Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
18. 4 1 CAUSE OF DEATH SECURITY NO. 218—54—2799 CAUSE OF DEATH SECURITY NO. 218—54—2799 CAUSE OF DEATH SECURITY NO. 218—35 CAUSE OF DEATH 228—35 CAUSE OF DEATH 238—35 CAUSE O	13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	d
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliur, estheria, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving mas to the obove couse (A) stoling the UNDERLYING CONDITION (as). (S) DISEASES OR CONDITIONS (I) only, giving mas to the obove couse (A) stoling the UNDERLYING CONDITION (as). (S) DISEASES OR CONDITION (as). (S)	15: Vos Deceased Ever in U. S. Armed Forces? (If yes, give war or dotes of service) SECUR		2 milla	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, osthenic, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION S. (CONDITION OF THE DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH BUT NOT RELATED TO HE TERMINAL DUE TO, OR AS A CONSEQUENCE OF: OTHER DEATH TO, OR	218-		neg	APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if ony, giving is to the obove couse (A) stoting the UNDERLYING CONDITION tost. Value Continue Contin	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	IMMEDIATE CAUSE CESEL		BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? ("es or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? OF THE PROPERTY OF THE PROPER	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C).	DUÉ TO, OR AS A CONSEQUENC		disease
OR CONTRIBUTION CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in or obbudy. INJURY OCCUR? DEATH (notify medical examiner) 210. Time (Month) (Day) (Year) (Hour) OF HIJURY (APPROX.) 210. Time (Month) (Day) (Year) (Hour) While At Not While (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from 19 68 to 39 19 68, that (I) (we) last sow the deceased alive on 19 68 ond that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) C. MICHAEL VINCENT M. D. OEGREE Phys. D. ADDRESS BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) PAR 18 1968 (Round) ADDRESS		ERATION 20A. AUTOPS	Y? (Yes or No) 208. IF YES, W	VERE FINDINGS CONSIDERED
OR CONTRIBUTION CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., in or obbudy. INJURY OCCUR? DEATH (notify medical examiner) 210. Time (Month) (Day) (Year) (Hour) OF HIJURY (APPROX.) 210. Time (Month) (Day) (Year) (Hour) While At Not While (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from 19 68 to 39 19 68, that (I) (we) last sow the deceased alive on 19 68 ond that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) C. MICHAEL VINCENT M. D. OEGREE Phys. D. ADDRESS BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) PAR 18 1968 (Round) ADDRESS	WAS PERFORMED		100	No
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work Not While At Work 1 Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 19 68 to 3/9 19 68, that (I) (we) last sow the deceased alive on 19 68 and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Staff Director Address Staff Director Director Address Staff Director Director Staff Director Staff Director Director Staff	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, for detc.	ctary, street, office bldg., INJURY	HERE DID (If in Ba	Itimare City, give exact location)
that (I) (we) last sow the deceased alive on	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY O	Not While	OW DID INJURY OCCUR?	
that (1) (we) last sow the deceased alive on	22. I certify that (I) (this hospital) attended the deceas			3/9 1968.
23A. SIGNATURE 23A. SIGNATURE Attending Med. Director Phys. 3/9/68 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown, or county) (State) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown, or county) (State) 25A. DATE REC'D BY HEALTH DEPT. 27B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAR 13 1968 100		A.f. 8	ond that in (my) (our) opinion deoth occurred on the dote
Attending Med. Stoff 3/9/68 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown, or county) (Stote) REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Iown, or county) CStote) 25A. DATE REC'D BY HEALTH DEPT. 27B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS 25C. FUNERAL DIRECTOR ADDRESS ADDRESS 25C. FUNERAL DIRECTOR 25C. FUNERAL DIR		d) (did nat) view the bady o	tter death.	23 B. DATE SIGNED
G. MICHAEL VINCENT M. D. OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Burial mush 13/65 ht Labour Cemetry a a b wa 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAR 18 1968 Robert Former ADDRESS PARTY OF THE PROPERTY OF THE	6. M. Vincent m.	DEGREE		3/9/68
Burial march 13/65 ht Calvar Cernetry a a b hos 25A. DATE REC'D BY HEALTH DEPT. 129B. NAME OF REGISTRAR DISC. FUNERA DIRECTOR ADDRESS MAR 18 1968 Robert L. Harris Parkey L. P	G. MICHAEL VINCENT M	D, DEGREE TO		us Hosp
MAR 18 1968 Robert L. HAMEOF REGISTRAR DIFFER DIRECTOR ADDRESS	REMOVAL (Specify)	Luar Cemeter	y a a B	(City, lawn, ar county) (State)
The state of the s	25A. DATE REC'D BY HEALTH DEPT. 278. NAME OF REGISTR	AR DISC. FUNERA	DIRECTOR	ADDRESS 1
		mayer	William	5 1701.11 10 ond 4 0



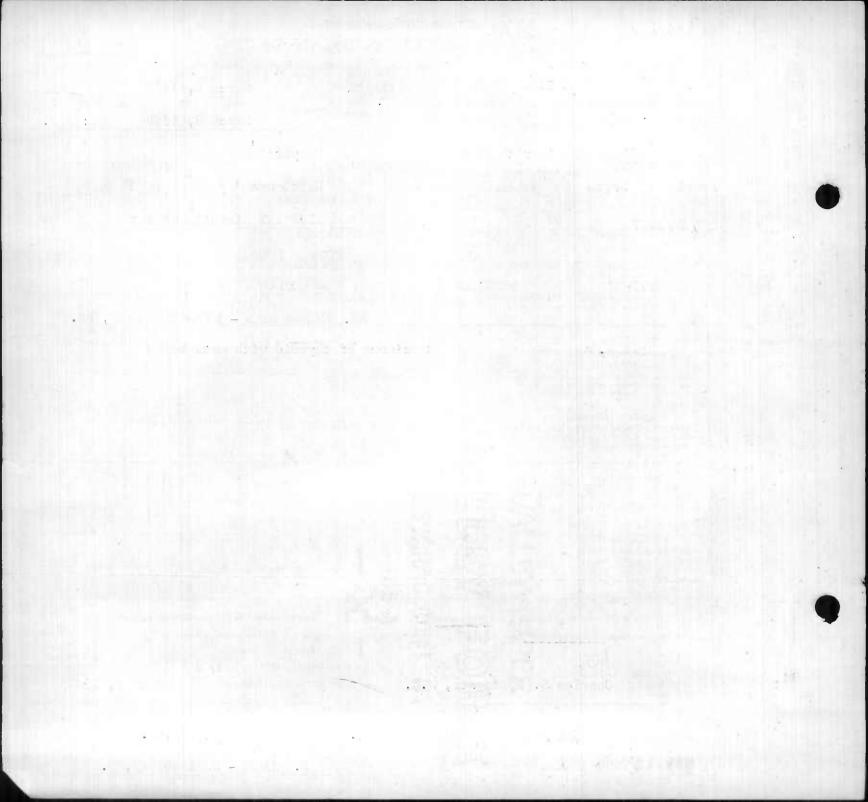
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/ 1/20		BALTIMORE CITY	HEALTH DEPARTMENT	Mark to the same of the same o	68- 2869
K-432	68- 286	S CERTIFICA	TE OF DEATH	REG NO.	2003
BIRTH NO.	00 200	CLKTITICA			
1. NAME OF DECEASED (Type or Print)				AND HOUR OF DEATH	
KE LI	DSEN, ANTO	N THEODORE		RCH 12, 196	
3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONO	UNCED DEAD		Where deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN ADDRESS	HOSPITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	Tax u.	
INSTITUTION	CHEC HOCDI	TAI	ELKR IDGE	D. INS	SIDE CITY LIMITS?
1/0	GNES HOSPI		E. STREET AND NUMBE	D	YES NO
	& WILKENS	LAND 21229		WASHINGTON	RIVD
BALT I			8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
MALE WHITE	E WIDOWED		05-21-04	lost birthday)	Months Doys Haurs Min.
tOA, USUAL OCCUPATION (Give ki	nd of wark 10B, KIND O	AND HOUSE	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF WHAT COUNTRY
CUSTOD IAL OFF	ICER OF 'CE	AND HOUSE PRECTION	MARYLAND		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
KELDSEN, AN	TON		SORENSEN,	ANNA	
15. Was Deceased Ever in U. S. A (Yes, no or unknown) (If yes, give wo	rmed Forces?	1 6. SOCIAL	17. INFORMANT	BAITIM	ORE, MD. 21229
	ar ar actes at service)	212 09 642	7 ST ACHES		TON & WILKENS
NO I		CAUSE OF DEAT		NECONDS-CA	APPROXIMATE INTERVAL
DISEASES OR CONDITION rise to the obove coulunderlying Condition Underlying Condition Other significant condition To the Death but not rele	NS, if ony, giving se (A) stating the lost. ONS CONTRIBUTING		A CONSEQUENCE OF:		
DISEASE OR CONDITION GIVE	N IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes a	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERI	' ' X		YES		
OR CONTRIBUTING CAUSE DEATH (natify medical examin	OF har	B.PLACE OF INJURY (e.g., i ne, farm, factory, street, of .)	n ar obaut 21C. WHERE DI fice bldg., INJURY OCCU	D (If in 8oltimo	ore City, give exoct location)
Q 21 D. TIME (Manth) (Day)) (Year) (Haur) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		hile At Not Whil	e 🦳		
	W		LI 0 C LI 2	68 MAR	CH 12 , 68
22. I certify that (1) (this			MARCH 3	19 ta	
that 🗱 (we) last sow the					inion death accurred on the dat
and have and from the cau	ses stated above.X	1) (We) (did) (XXX Xot) v	iew the bady after dea	th.	
23A. SIGNATURE	7.				23 B. DATE SIGNED
16/16 E	delvo, 17	Atte Phy	nding Med.	Stoff Phys.	
23C. PHYSICIAM'S NAME (Type) P. DIBOSM	. D .	DEGREE	23D. ADDRESS	LKENS AVES.	BALTIMORE, MD.
24A. BURIAL CREMATION, 2 B.		AME of CEMETERY OF CRI			City, tawn, ar caunty) (State)
REMOVAL (Specify)	15-1968 Lou	don Park Crema	torv	Baltimore, Ma	rvland
25A. DATE REC'D BY HEALTH DI	EPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
	What E. Fo	Inberns			Wilkens Ave. 21229



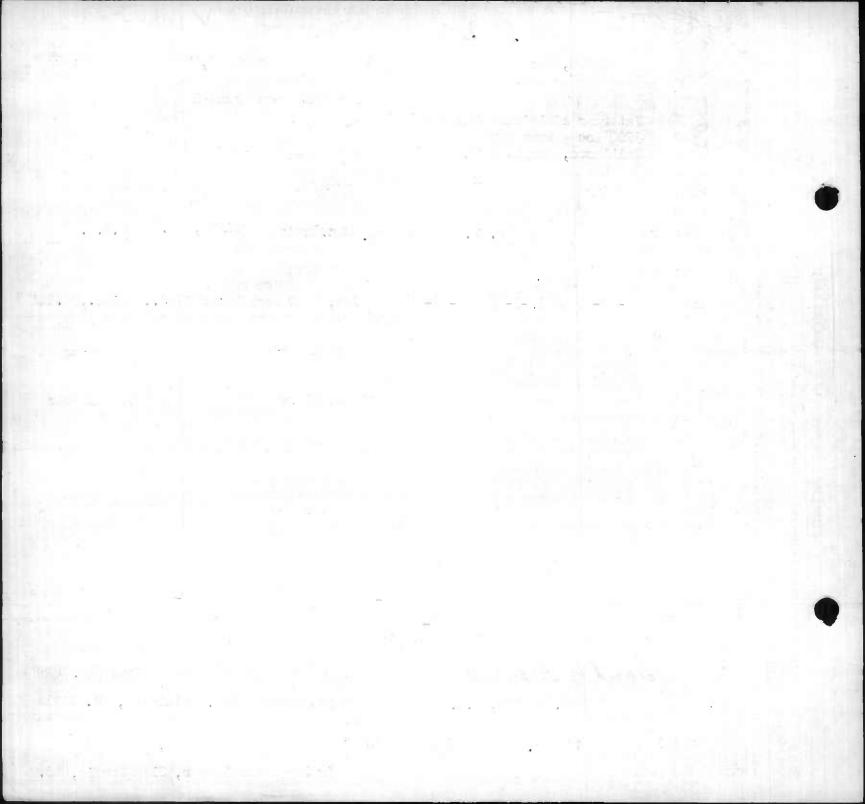
BETWEEN ONSET AND DEATH injury or complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ō OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING TOR CONTRIB UTING CAUSE OF DEATH 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK AT WORK 23. I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my opinlan resulted fram: Natural causes X Suicide Hamicide ___ Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE Charles S. Springate, M.D. March 9, 1968 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) HOLY FACE CEM GREAT MILLS . MD. BURIAL 258. NAME OF REGISTRAR ESC. FUNERAL DINESTOR

JOHN M. WELCH - LEONARDTOWN.MD.



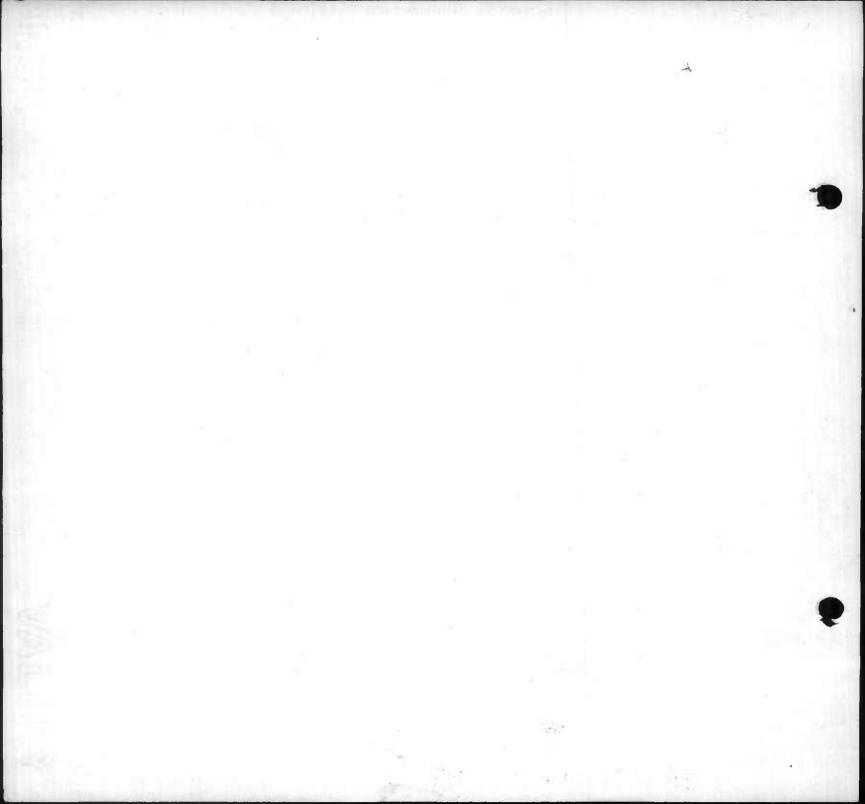
2 81 4 65 151 5	BURTON, Le	e	M	arch 11,1968	3:00P
FULL NAME (OF UF NOT IN HOSPIT	HERE PRONOUNCED DEAD	Maryland Ann	DUNTY	titution: residence before admission)
INSTITUTION	Veterans Admi 3900 Loch Rav	mistration Hospital	Glen Brunie	D. INSIE	YES NO
23	Baltimore, Ma		205 Queen An	h Road	Pall
5. SEX Male	6. RACE White	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	1/20/06	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most Roofer	of working life, even if retired)	Wm. R. Zeller & C	Marylandex	Danville, Va.	U.S.A.
Unkno			14. MOTHER'S MAIDEN Unknown	NAME	
15. Was Decea	sed Ever in U. S. Armed For which (If yes, give wor or dote 1-12-44 to 1	16. SOCIAL SECURITY NO. 11-3-45 220-03-93144		ecords och Raven Blvd	., Balto., Md. 21218
1B. 5 =	11.9 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIS	LEADING TO DEATH	RECTLY (A)IMMEDIATE CA	use Hematemesis	3	4 hours
heart failu	s nat mean the made of re, osthenia, etc. It means	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	• • • • • • • • • • • • • • • • • • •	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
injury or	amplication which caused ANTECEDENT CAUSES		sis of Liver		? 1 year
DISEASES	OR CONDITIONS, if	(B)	A CONSEQUENCE OF:	***************************************	, 2,000
	the abave couse (A)	storing the		**************************************	
	II NIFICANT CONDITIONS CO EATH BUT NOT RELATED TO T				
DISEASE O	OF OPERATION 198 CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 20B, IF YES, WERE F	INDINGS CONSIDERED
19A. DATE	WAS PER		Yes		
_ OR CONT	DENT WAS UNDERLYING CHIBUTING CAUSE OF Diffy medical examiner	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUP	O (If in Boltimore)?	City, give exoct locotion)
DEATH (no					
OF INJURY	(Month) (Doy) (Yeor)	(Hour) 21E, INJURY OCCURRED		INJURY OCCUR?	
D 21 D. TIME		(Hour) 21E, INJURY OCCURRED While At Not White At Work At Work At work At the decreased from 2**	le 🗆	19 68 19 3-11	10 68

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🕥
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		00 00	20
J-635 6	8-2872	CERTIFICA	TE OF DEATH	REG. NO	68- 28	16
				D HOUR OF DEATH		
(Type or Print) VORT	AN BER	THA	3.	10.68	16.1.	141
3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If i	nstitution: residence	before odmission)
FULL NAME OF (IF NOT IN HO	SPITAL OR INSTITUTION,	GIVE STREET	MARYLAND		1 0	
HOSPITAL OR ADDRESS OR LONG INSTITUTION	OCATION)		C. CITY OR TOWN		IDE CITY LIMITS!	
VTHERAN			BALTIMOR	E	YES X	10
HOSPITAL	*		E. STREET AND NUMBER	- R		
F MARSLAND			822 N.C	AROLLTO	N AVE	
SEX 6. RACE	7. MARRIED NEV	ER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
EMALE COLOURE		DIVORCED	11-8-88	ost birthdoy)	Months Doys	Hours Min.
OA. USUAL OCCUPATION (Give kind of				gn country)	12. CITIZEN OF	WHAT COUNTRY
one during most of working life, even if retir						
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E		
. W D	E 2	01.41	17 101500044407		A 20 00 00 00	
S. Was Deceased Ever in U. S. Armed (es, no or unknown) (If yes, give war or		CURITY NO.	17. INFORMANT		ADDRE	12
18.14 / 10 4		AUSE OF DEATH	4		APPROX	CIMATE INTERVAL
DISEASE OR CONDITION	DIRECTLY				BETWEEN	ONSET AND DEATH
LEADING TO DEA	TH		- Muscard	1 10000	Page	
(This does not meen the made	of dying, e.g.,	DUE TO, OR A5	SE Myocardia A CONSEQUENCE OF:	a infine	~	
heart failure, astheria, etc. It me injury or complication which cau	ans the disease,			O		
			A-	-0		
ANTECEDENT CAU		(B)	LO COSONASI	Renowb	esis -	
DISEASES OR CONDITIONS,		DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYING CONDITION last.		(c)	.,			
120.1 II						
OTHER SIGNIFICANT CONDITIONS					1	
O OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION GIVEN IN						
19A. DATE OF OPERATION 198.	ONDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSID	ERED
19A. DATE OF OPERATION 19B. (WAS	PERFORMED			IN CERTIFYING CA	NUSES OF DEATH?	
	G 21B. PLACE	OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If In Boltimo	re City, give exoct lo	cotion
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form,	, roctory, street, of	fice bldg., INJURY OCCUR?			
U	eor) (Hour) 21E INJUR	Y OCCURRED	21E HOW DID INTO	IBY OCCUP?		
S OF INJURY	While At	Not While	21F. HOW DID INJE	OKI OCCOR!		
(APPROX.)	Work AT	At Work				
22. I certify that (I) (this hasp	ital) attended the deci	eased from	2/25/68 1	9ta	3/10/68	19
that (t) (we) last saw the dece		_ / /	100			
		/		at in (my) (aur) ap	aii death accu	rea on the dat
and have and from the causes	stated abave. (I) (####\$)	(did) (did)not) v	iew the bady after death.		D. D. A. T. C. C. T.	
23A. SIGNATURE	40-	A	edies 🗆 🔭	St11 57	23B, DATE SIGNE	
	30.7	M D Affe Phys	nding Med. Director	Staff Phys.	3-10-	68
23C. PHYSICIAN'S NAME (Type)	P. Josti		730 ASHBO	RTON S	T. BALTI	MORE /
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of	CEMETERY OF CRE			ity, town, or county	
REMOVAL (Specify)	10171	/	0	0 1 /	T	
13 usual 3-14	1-68 MM Qu	win	(am 1.	salto li	sy n	101-
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGI	STRAR	25C. FUNERAL DIRECTOR		ADD	RESS 578
MAR 1 9 7958 (1) Que. 1	on tallowns		Frances a	Hemste	ers wit	Buddle S
/C 160 DEV 1/1/4D				-	7)	



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M.D. BAUTIMINIS

JOHNS HOPKINS HOSPITAL

REISTERLITOWN EMORY RD, RT. 3, BON ITH A

NEVER MARRIED 12/7/67

JUD. AZU Sugar

> ROLAND TANIBSON SHEILA

LTUTE A 9 NO SAME

A SPIRATION PREDMOPLA 11 DAYS

CLEBY LIP AND PALATE 3 MOS.

DI (13-15) TRISOMY WITH 3 MES MULTIPLE CONCENTED ARBMACIES

2 2768 CLERT LIP & PALATE

ES MARCH 10 ES (1AN 29 MARCH 10 ER

Music F. allepander DURINE F. MEKANDER JOHNS HOREINS HOSPITHL

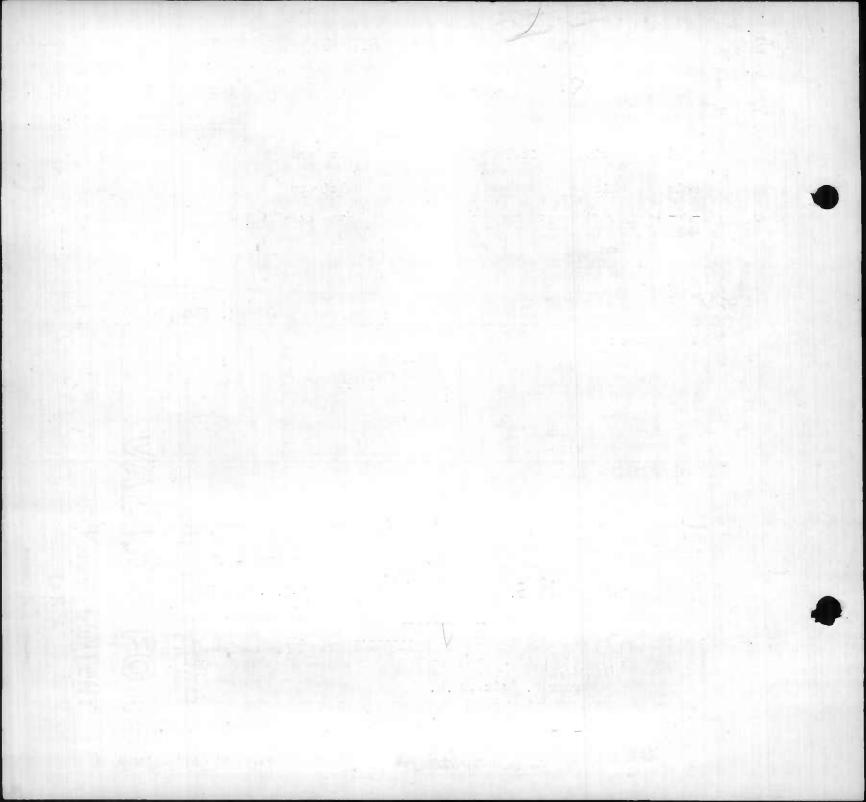
3/10/83

68- 2874 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 2874

BIRTH NO.		MED	ICAL	EXAMIL	VEK 3	LEKTIFI	CATE	OF DEA	REG. NO		
1. NAME OF DEC	CEASED					2. DATE	Known	Month	Doy	Yeor	Hour
(Type or Print) LEONAR	חי	R.	1	HART In		OF DEATH	Estimoted	□ Ma	arch 11.	1968	10:25 RA
4. PLACE IN BAL		RYLAND, V			EAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	IN HOSPITA	AL OR INST	TITUTION, GIVE ST	REET		UNCED DEA	Mar	ch 11, 19		10:25 Pm
	Memoria	1 Hos				A. STATE Man	yland	vinere deceose	B. COUNTY		07
6. SEX	7. RACE		B. MARRI	IED 🔼 NEVER A	MARRIED -	C. CITY OR	TOWN		D. INSIDE C	CITY LIMITS?	71-00
male	white	2	WIDOW	ED DI	VORCED		imore		1	res X	NO 🗌
9. DATE OF BIRT 5-21-192		10. AGE (II lost birthdo	y)	If Under 1 Yr. If L Months 1 Doys 1 H	Jnder 24 Hrs. Hours Min.		6 List	Avenue			
11. BIRTHPLACE (Stote or foreign country) New York 12. CITIZEN OF WHAT COUNTRY?			13. FATHER								
14A.USUAL OCCU	working life, eve	kind ol work en if retired)	14B. KIND	OF BUSINESS O	OR INDUSTRY	15. MOTHE	R'S MAIDEN	NAME			
16. WAS DECEAS		IS ADME	FORCES	?]17. SOCIA		1B. INFOR	MANT	_	-	ADDRESS	
(Yes, no or unknown Yes	(If yes, give w	or or dotes	of service)	SECUR	ÎTY NO.			ne Hart,	2706 Lie		
19.	E. 3. V	/		CAL	JSE OF DEA		3 0			A	PPROXIMATE INTERVAL
	E OR CONDI		CTLY		Hangin	Q					TELL ONSE NIO DENI
	LEADING TO		lag a g		IMMEDIATE C	AUSE					
heort foilure	osthenio, etc. mplicotion which	It meons the	e diseose,		DUE TO, OK	AS A CONSEC	QUENCE OF:				
	NTECEDENT	CALISES		(2)							
DISEASES	OR CONDITIO	ONS, IF ANY	, GIVING	(B)	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	E ABOVE CAL		TING THE	(-)							
NO N	17.57			(C)				ann dan van den van ann van een dan dan ales des des des ales ann des een			
O THE DE	MEIRANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMI						高级 医克勒勒氏 医克里克氏 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎	245000400000000000000000000000000000000	********************************
				FOR WHICH OP	ERATION W	AS PERFORM	MED			21. AUTO	OPSY? (Yes or No)
5										1 10	37.0
Z 22A. EXTER	NAL CAUSE	WAS		22B. PLACE OF	INJURY (e.g.,	in or obout	22C. WHERE	DID (If in Bolti	more City, give ex	xact location)	No
UNDERLYING CA				home, form, foctor	ry, street, offic	e bldg., etc.)	NJURY OCC	UR?			
≥ 22D. TIME		oy) (Yeo	r) (Hour		OCCURRED		22F. HOW D	D INJURY O	2706 List	Avenu	e
OF INJURY (APPROX.)	3/11/68	18:8	38 z .	m. WHILE AT	NOT AT V	WHILE VORK	subj	. hung s	self_		
23.	tify that I he	eld on 1	nquiry [Inspection	on X Au	topsy 🗌	ond that	on this bos	is, deoth in my	y opinion	
resul	ted from: N	oturol cou	ses 🗌	Accident	Suicio	de X H	omicide 🔲	Undete	rmined monner		
	,						CHIEF MEDI	CAL EXAMINI	ER 🔲		D. 175 (10) 150
ACTUAL	1 11 10 11 11	112	25		84 5	ASS	ISTANT MEDI	CAL EXAMINI	ER X		DATE SIGNED
SIGNAT EXAMIN NAME (IER'S W	lerner	U. S	pitz, M.D	M.D		OCIATE MEDI	CAL EXAMINI	R 🔲		3/12/68
24A. BURIAL CRE	MATION, 2	4B. DATE		24C. NAME of	f CEMETERY	or CREMATO	ORY	24D. LOCATI	ON (City, tov	wn, or county	y) (Stote)
REMOVAL (Special	ify)	3-15-1	969	Baltimor					nore, Md.		
25A. DATE REC'D		DEPT.	25B. N	AME OF REGIST		25C.	FUNERAL DI	RECTOR		ADDRESS	St
VS 151-REV. 1/1/6		1200 (Horse	N 6.40	A SHAPE	1740	made of 1	erug si	2 1000 110	, , , , (G)	
. 5 101.11.17.17.17.17.17.17.17.17.17.17.17.17	14 7 1	11									



DIDZII NIO	WEL	ICAL E	XAMINER 3	EKTIFICATE OF DE	REG. NO.	
I. NAME OF DEC	CEASED		0 22	2. DATE Known Mo	onth Doy Ye	or Hour
(Type or Print) HERMA	Snangar	-	Croswell	OF	March 8, 1968	IIMV
	LTIMORE, MARYLAND, V	WHERE PRON		3. DATE Mo		Hour Hour
FULL NAME OF	(IF NOT IN HOSPIT			PRONOUNCED DEAD Ma	rch 11, 1968	4:40 P.
HOSPITAL	CATE	AME	NDEU 3-2	5. USUAL RESIDENCE (Where dece	osed lived. If institution: reside	M.
C Mark		rket Hot	tel, Room 206	A. STATE Maryland	B. COUNTY	1 . 1
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMI	ITS?
male	white	WIDOWED		Baltimore	YES X	Not
9. DATE OF BIRT		nyeors If L	Inder 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	AE2 KF	NOILI
2/1/188	lost birthde	~ 1	oths Doys Hours Min.	12 Market Place,	Market Hotel	Room 206
11. BIRTHPLACE	State or foreign country)		CITIZEN OF	13. FATHER'S NAME	Harket Hotel,	ROOM 200
Virgini		0	WHAT COUNTRY?	Hezikiah Cros	emall.	
-		14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	swell ·	
done during most of	working life, even if retired)			Lulie Fletcher		
Reti	ED EVER IN U.S. ARME	Seama:	II. SOCIAL	IB. INFORMANT	ADDRES	S
(Yes, no or unknown	(If yes, give wor or dotes	of service)	SECURITY NO.	Bridges Funeral Ho		
19. //	W.W. I		212-28-6715 CAUSE OF DEA	TH		APPROXIMATE INTERVAL
7/-	617 1		CAUSE OF BEA			BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DIRE LEADING TO DEATH	CTLY	Arterio	sclerotic Cardiovas	cular Disease	
(This does r	not mean the made of d	ving, e.g.,	(A) IMMEDIATE C	AS A CONSEQUENCE OF:	*********************	
heart failure	e, osthenio, etc. It meons th mplication which coused de	e diseose,	DOL 10, OK /	as a consequence or.		
		,				4 7 7 3
	NTECEDENT CAUSES		(B)	AS A CONSTOURNESS OF		•
RISE TO TH	OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	Y, GIVING TING THE	DUE TO, OK	AS A CONSEQUENCE OF:		
Z UNDERLYII	NG CONDITION LAST.		(C)			
OTHER SIGN TO THE DE DISEASE OF	, / 11					
OTHER SIGN	NIFICANT CONDITIONS C					
DISEASE OF	R CONDITION GIVEN IN F	ART I (A).	,			
20 A. DATE O	F OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFORMED	21. A	UTOPSY? (Yes or No)
						Yes
S UNDERLYING	RNAL CAUSE WAS	22B hom	.PLACE OF INJURY(e.g., e, form, foctory, street, offic	in or obout 22C. WHERE DID (II in Be bldg., etc.) INJURY OCCUR?	Boltimore City, give exact locat	ion)
≥ 22D. TIME	(Month) (Doy) (Yes	r) (Hour)	22E.INJURY OCCURRED	22F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)				WHILE		
23.		m.j	WORK AT W	ORK		
1 cer	tify that I held on	Inquiry	Inspection Au	topsy XX and that on this b	oasis, deoth in my opinio	an
resul	Ited from: Natural ca	uses X	Accident Suicio		etermined monner	
	1)	CHIEF MEDICAL EXAM		
ACTUAL	111/enel	50	7	ASSISTANT MEDICAL EYAM		DATE SIGNED
SIGNAT		17 /a/:	M.D			3/12/68
EXAMIN NAME (MOTITOT	U. (Spit.	z, M.D.	ASSOCIATE MEDICAL EXAM	IIVEK	0/12/00
24A. BURIAL CRE	MATION, 24B. DATE	2	4C. NAME of CEMETERY	or CREMATORY 24D. LOCA	ATION (City, town, or co	unty) (Stote)
REMOVAL (Spec	ify) 3/12/	/68	Newington Rar	tist Cemetery Glou	nahosto- W-	
	BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL DIRECTOR	uchester, Va.	s /
ZJA. DATE REC D	DI HEMLIH DEFT.	ZJD. INAM	L OF REGISTRAK	O. / TO INEKAL DIRECTOR	/ ADDRES	12611
	MAD 1 4 1000	00	LO Jan no	WML. In	ment sons	northet
VS 151-REV. 1/1/6	B B B B B B B B B B B B B B B B B B B	JAN TEL	0 6,400			

68- 2876 BALTIMORE CITY HEALTH DEPARTMENT

58- 2870

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Month Doy Yeor Hour
BERNARD ZETH	DEATH Estimoted 5 5 68 8:30p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	March 5, 1968 8:30 m 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3 V University Hospital	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto, VES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	s. E. STREET AND NUMBER
Aug. 4, 1911 Iost birthdoy) Months Doys Hours Min	6059 Falls Road 5 5 -00
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Leamersville, Pa.	James Zeth
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME
Plumber Henderson Plumbing	Annie Herron
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	Mrs. Esther Zeth same address
19. CAUSE OF DE	
E 6 6 7 A	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Chanden and he desired an
(A)IMMEDIATE	CAUSE Craniocerebral injuries
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
E 901.0 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OF THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	WAS PERFORMED 21. AUTOPSY? (Yes or No)
0 3	YES
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) fice bldg., etc.) INJURY OCCUR?
UNDERLYING TO CONTRIBUTION Home, farm, foctory, street, off UTING □ CAUSE OF DEATH.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	110 S. Paca Street 22F. HOWDID INJURY OCCUR?
OF INJURY (APPROX.) 3 5 68 2.00 WORK TO AT	OT WHILE
(APPROX.) 3 5 68 2:00p WORK 12 AT	WORK Subject fell from ladder while on the
I certify that I held an Inquiry 🗌 Inspection 🗌 A	Autapsy X and that on this bosis, death in my opinion
resulted from: Natural causes Accident X Suic	ide Hamicide Undetermined manner
DI 14 ITT	CHIEF MEDICAL EXAMINER
ACTUAL SALANA	ASSISTANT MEDICAL EXAMINER
	ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Fiduard F Wilson M D	March 6, 196
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	
REMOVAL (Specify) Removal 3/6/68 New St. Mary	vis Cemetary Wallidamburg Da
110110741	V's Cemetery Hollidaysburg, Pa. [25C. FUNERAL DIRECTOR ADDRESS IN IT IN
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Delna 1 7: 6 , and Batto; i me
SER SAMOO AR R.O. T. R. MI	Wing. Icement sons hoursta
VS 151-REV. 1/1/100	

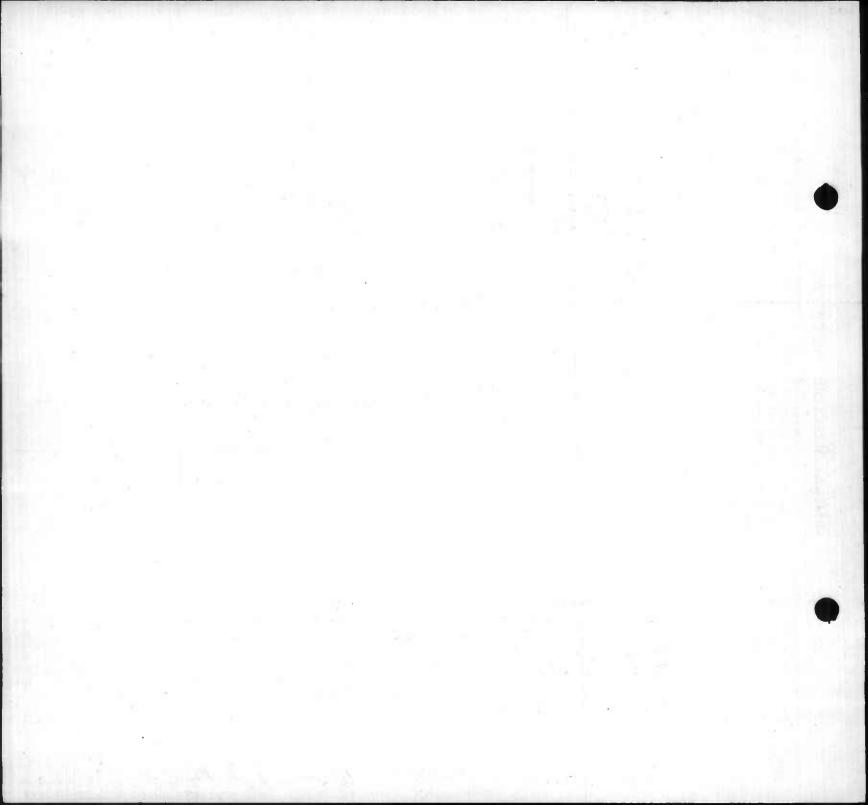
3 3 .001 TEL - 7 - 12T ... Land War War Justine & San Co

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	00-	Oomn
	0/5	2877

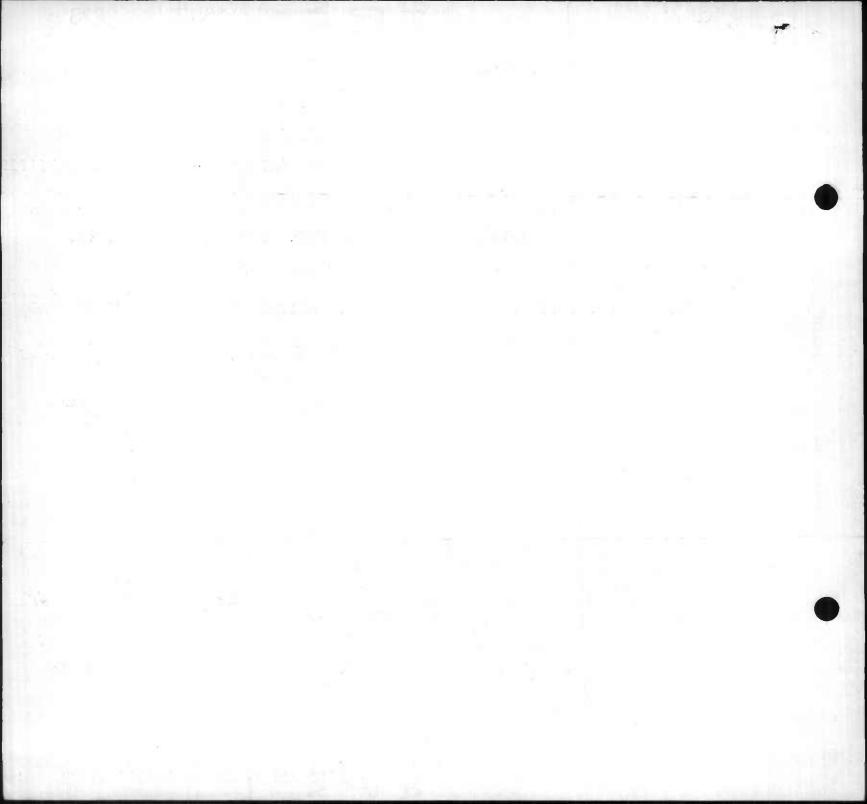
BIRT	TH NO.	ATE OF DEATH
1, N	AME OF DECEASED	2. DATE AND HOUR OF DEATH
Тур	e or Print) Birdis, Solomon	3/9/68 11.454.
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admissing A. STATE B. COUNTY
		Balto. Md. 13-61
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
NS	HOUSE IN THE PINES	Balto YES A NO
1	^	E. STREET AND NUMBER
1	05525 W. BELVEDELE AUE.	ALLAMBER APTS. LAKE DR. 835
5. S	A TANKED THE TANKED I	B. DATE OF BIRTH 9. AGE (In years fost birthday) Months Days Hours Min
	WIDOWED DIVORCED	BY 11. BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUN
IOA. done	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRE during most of working life, even if religed surrance	
	LEXILES - Insurance	GENDER, PENN. USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	HENRY Solomon	HENRIEHA GOLDSTROM
	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
		2 Mrs. Milton Winner 6232 Bersley Ave.
	18. // CAUSE OF DEA	
	T DISEASE OR CONDITION DIRECTLY Pulsa	many deserve of refer lose BETWEEN ONSET AND DI
	(A) IMMEDIATE C. (This does not mean the made of dying, e.g., DUE TO, OR A	AUSE TORRE TORRESTE OF:
	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
	ANTECEDENT CAUSES (2.10)	the state of the s
	(B)	AS A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
	4n 2.1 11	
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
ERTIFI	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	g, in or about 21 C. WHERE DID office bldg., INJURY OCCUR?
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.	omes orage Mark Occor:
DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
MEI	OF INJURY	
	(APPROX.)	
	22. I certify that (1) (this hospital) attended the deceased from	1950 19 to hered 9 1966
	that (1) (last sow the deceased alive on warch 5	19 68 and that in(my) (and) opinion death accurred on the
	ond haur and from the causes stated above. (1) (**) (did) (**)	
	23A. SIGNATURE.	238, DATE SIGNED
		Attending Med. Staff
	Johns hasted DEGREE P	Attending Med. Staff Director Phys. 3-9-65
	23C. PHYSICIAN'S	Phys. Director Phys.
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 23D. ADDRESS 1009 Frederich Pel Balting Tud
24A	23C. PHYSICIAN'S NAME (Type) DEGREE P	23D. ADDRESS 23D. ADDRESS 1009 Frederich Pel Bellining had 2/125
91	23C. PHYSICIAN'S NAME (Type) 2HYX A. NESBITT IR DEGREE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY OF CREMETE	23D. ADDRESS Director Phys. Director Phys
E	23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 24C. NAME of CEMETERY of CREMOVAL (Specify)	23D. ADDRESS 23D. ADDRESS Address Poly Full
E	23C. PHYSICIAN'S NAME (Type) 24B. DATE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY o	23D. ADDRESS Director Phys. Director Phys
E	23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 24C. NAME of CEMETERY of CREMOVAL (Specify)	Director Phys. Director Phys. D 23D. ADDRESS ODP Frederick Fel Baltimore Aug 2(1225) CREMATORY 24D. LOCATION (City, town, or county) (St. phip Gemetery Baltimore, Md.



C-500 68- 2878 BALTIMORE CITY HEALTH DEPARTMENT 68- 2878 CERTIFICATE OF DEATH hospital and use of death ; (5) Deceased Such RIPTH NO 2. DATE AND HOUR OF DEATH NAME OF DECEASED Type or Print) DAVID A. COHEN MARCH 11, 1968 8:50 A.M.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 1968 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD R. COUNTY A. STATE attendance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause MARYLAND HOSPITAL OR C CITY OR TOWN D. INSIDE CITY HMITS? canse; 0 NOV BALTIMORE CITY HOSPITAL prior F. STREET AND NUMBER contributing EASTMAN ROAD 3706 etermined made. regular If Under 1 Yr. If Under 24 Hrs. 5. SEX 9. AGE (In years 6. RACE B. DATE OF BIRTH MARRIED X NEVER MARRIED deceased last birthday MALE WHITE DIVORCED WIDOWED JULY 2 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? sposition dane during most of warking lile, even if retired) (4) Und STORE MANAGER AUTO SUPPLY NEW YORK CITY U.S.A SD M 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the ABRAHAM COHEN BESSIE ? death 0 kind; 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL 17. INFORMANT ADDRESS ō final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. MRS. PAULINE COHEN, 3706 EAS nce YES W.W. TTany CAUSE OF DEATH attenda 1B. 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., marly hearl failure, asthenia, etc. It means the disease, olar bal injury or complication which caused death.) em ANTECEDENT CAUSES who 5 are DUE TO OR AS DISEASES OR CONDITIONS, if any, giving 1a the above cause (A) stating the hysician UNDERLYING CONDITION last. remains Mas 11 420.1 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL hysician DISEASE OR CONDITION GIVEN IN PART I (A). the 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimore City, give exact location) where ۵ hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital °Z MEDICAL DEATH (natify medical examiner) any nature; obtained 21 D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Nat While p (APPROX.) Wark At Wark pup to the 22. I certify that (1) (this hospital) attended the deceased from 68 30 and that in (my) Jour) opinion death occurred on the date that (1) (we) lost sow the deceased alive on be eath) hospital ond hour and from the couses stated above (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Ö Staff 9 Phys. Director L approval 0 23 D. ADDRESS prior 23C. PHYSICIAN'S This certificate t o NAME (Type) An MORTON J. ELLIN 8629 LIBERTY ROAD d 24A. BURIAL CREMATION, 24B. DATE ased 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar caunty) (State) the body 0.0 REMOVAL (Specify) VETERANS WAR JEWISH BURIAL MORIAL ROSEDAL
C. FUNERAL DIRECTOR
OL LEVINSON & B
6010 REISTERSTO ece as 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 3 70

VS 150-REV. 1/1/6B



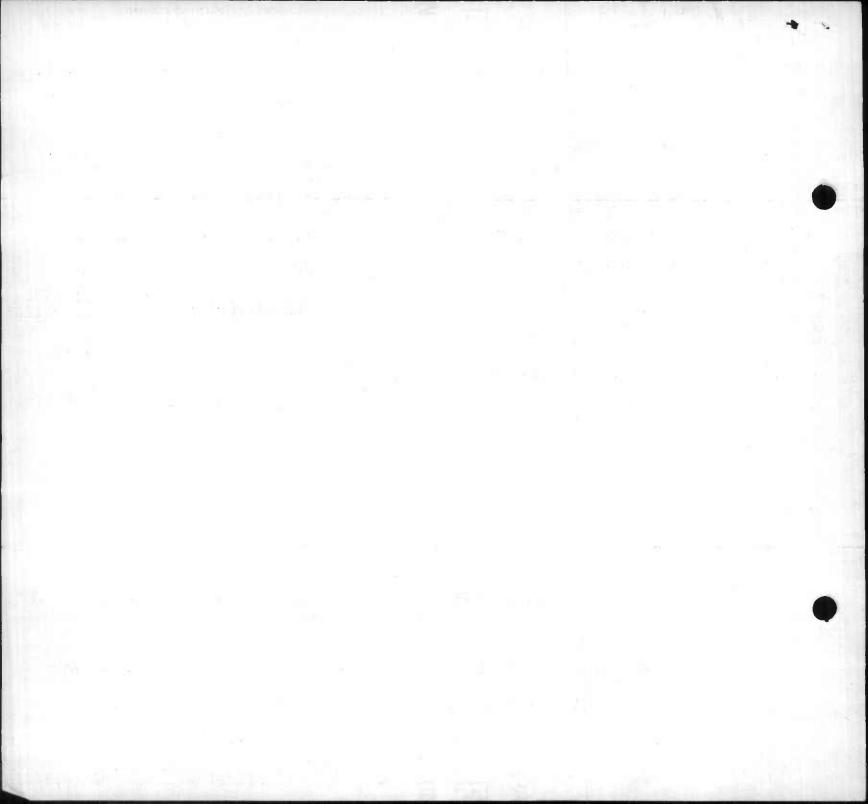
FUNERAL DIRECTOR: IMPORTANT

5-160	0.0	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2879
BIRTH NO.	68-2	879 CERTIFICA	TE OF DEATH	REG. NO	00 2010
I. NAME OF DECEA	SED		2. DATE A	ND HOUR OF DEATH	
(Type or Print)	SARAH SHAPI	RO	MARCH	1 11, 1968	1:25 A.N
3. PLACE IN BALTIA	AORE, MARYLAND, WHERE PRE	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MARYLAND		27 116
HOSPITAL OR	ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
MT. SINAI	NURSING HOME		BALTIMORE		YES NO
77	Make 2110 Home		E. STREET AND NUMBER		
10				INIA AVENUE	
5. SEX 6.	RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years 76 lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE	WILLE	WED XX DIVORCED	10-20-1891	77	
	ATION (Give kind of work 10B, KIN rking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
HOUSEW1		HOME	RUSSIA		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
UNKNOWN			UNKNOWN		
5. Was Deceased E	ver in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (I	f yes, give wor or dotes of serv				
NO		214-16-3003	MRS. HENRY	GREENBERG,	6624 SANZO ROAD
18.42/1	O I	At A A	acternal End	1 - 1 - 1 -	BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTLY				8 weeks
	meon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	d	
	sthenio, etc. It means the disc icotion which coused death.)	asse,	selection the	ely Disea	se 3 years
1A	ITECEDENT CAUSES				
DISEASES OR	CONDITIONS, il ony, gi	iving DUE TO, OR A	A CONSEQUENCE OF:		
	obove couse (A) stoling CONDITION lost.		has		
44		(C)			
O OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTI	ING	hore		
TO THE DEATH	BUT NOT RELATED TO THE TERMINDITION GIVEN IN PART 1 (A).				
19A. DATE OF C	PERATION 198. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED
			10		
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Bottimor	re City, give exact location)
DEATH (notify m	edicol exominer)	etc.)			
W OF INTITION	Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		White At Not White At Work	le 🔲		1
22. I certify th	ot (I) (t his hospit al) ottend	led the deceased from	Nov 15	1965 to 1	ere 11 19 68
	est saw the deceased alive	M O	11 19 68 and 1	hot in (mv) (our) onl	nion deoth occurred on the dot
	rom the couses stated above				
23A. SIGNATUR	1 2	(i) (mo) (did) (====moi)	view the body offer doom	•	23 B. DATE SIGNED
//	anuel La		ending Med.	Staff	3/12/68
23C. PHYSICIAN	5	OEGREE Ph	23 D. ADDRESS	Phys.	11/
NAME (Typ	e)	TAI		EIGHTS AVE	MILE BOL MA
24A. BURIAL CREAT	MANUEL LEV	IC. NAME of CEMETERY OF CE			ity, town, or county) (Stote)
24A. BURIAL CREM. REMOVAL (Spe	1/	HR KNESSETH 1	CDAEL		
BURIAL	3-12-68	ANSF	E SFARD RI	OSEDALE, MA	ARYLAND
25A. DATE REC'D B	R 14 1968 1 0.	BE Tallema	SOLTEVINS	IN & BROS.	INC.
VS 150-REV. 1/1/68	4604	-, -, -,	6010 REIS		OAD #21215

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

DALL BALTIMORE CITY	Y HEALTH DEPARTMENT
68- 2880 CERTIFICA	TE OF DEATH REG. NO. 58-2880
BIRTH NO.	2. DATE AND HOUR OF DEATH
(Type or Print)	
FRIEDA RAPPOPORT 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	MARCH 11 1968 7:05 P. M. 14. USUAL RESIDENCE (Where deceased lived, it institution; residence before admission)
The state of the s	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND Balta. Co 3
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NOK
SINAI HOSPITAL	BALTIMORE YES NOK
	7109 QUEEN ANNE ROAD #21207
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
FEMALE WHITE WIDOWED DIVORCED	AUG. 22 1908 59
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
dane during mast of working life, even if retired)	TOTUTAL NEW TERRET
HOUSEWIFE AT HOME	TRENTON, NEW JERSEY U.S.A.
	,
DAVID DIAMOND	ROSE ?
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL (Yes.no or unknawn) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT 7109 QUEEN ANNE
NO	MR. MEYER RAPPOPORT. ROAD #21207
IB. /// Q L CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	+ 1' A TOTAL AND DEATH
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., DUETO, OR AS heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF
injury or complication which coused death,)	+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ANTECEDENT CAUSES (B)	Visel CV direct 1 gra
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
420.1 11	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	100 A
19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20 A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Baltimare City, give exect lacetian)
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?
<u>o</u>	
S OF INJURY	21F. HOW DID INJURY OCCUR?
IAPPROX.) Wark At Work	
22. I certify that (1) (this haspital) ottended the deceased from	Jun 1959 to 3/1/ 1968,
that (I) (we) last saw the deceased alive on	19 6 and that in (my) (aur) opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter death.
23A. SIGNATURE	23B, DATE SIGNED
A Marmer Tildmurt Pho	ending Med. Staff Director Phys. 3/12/68
23C.PHYSICIAN'S	23D. ADDRESS
MAURICE FELDMAN	6610 CROSS COUNTRY BLVD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CE	
BURIAL 3-13-68 CHIZUK AMUNO	BALTIMORE, MARYLAND
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAD \$ 44000 D. A. O. T. O	SOL LEVINSON & BROS. INC.
VS 150 PEV 1/1/68	6010 REISTERSTOWN ROAD BALTO. 21215



death

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(4) Undetermined

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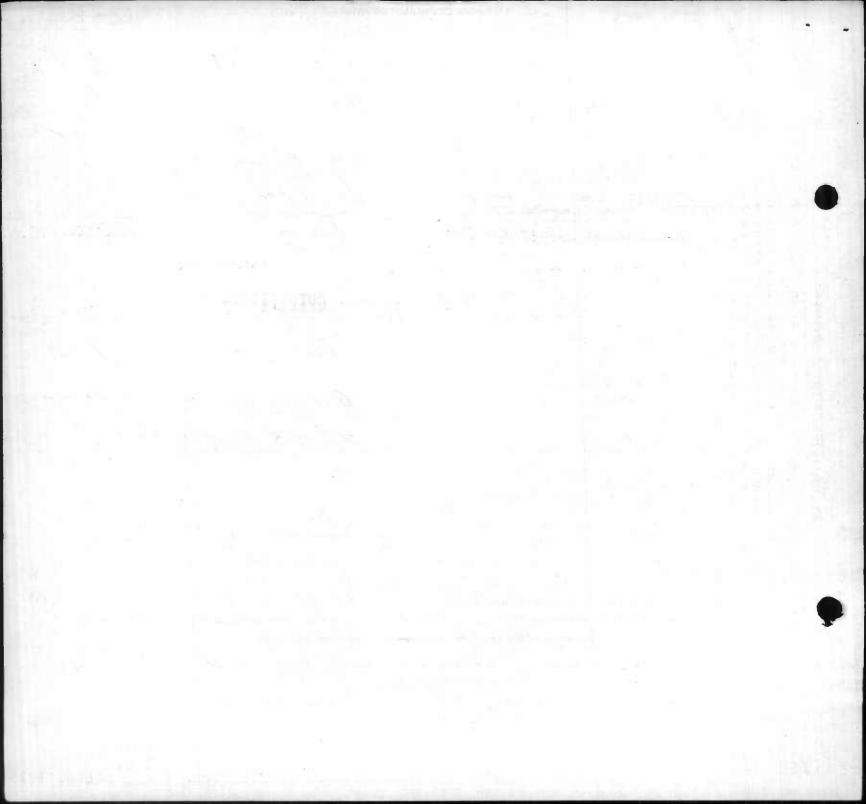
BALTIMORE CITY HEALTH DEPARTMENT 68- 2881 REG NO CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3-13-REISBERG death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 APRACIO Home AND LTIMORE YES prior E. STREET AND NUMBER MAURLEON made regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. · MARRIED NEVER MARRIED deceased last birthday Months WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) isposition dane during most at warking life, even if retired) MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME XXXXXXXXXXX Ummeres LO death ठ 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 6. SOCIAL SECURITY NO. final yes, give war or AUSE OF DEATH ce UD OL pronounce attend DISEASE OR CONDITION DIRECTLY ed LEADING TO DEATH (A) IMMEDIATE CAUSE Ē (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, 0 ٩ injury or complication which caused death.) em 5 ANTECEDENT CAUSES 5 DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, il ony, giving to the above cause (A) stating the O UNDERLYING CONDITION last. before the remains MOS 420.0 П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING VONE physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED NONE VONE 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID where hame, form, factory, street, satisce bldg., tNJURY OCCUR? °Z DEATH (natify medical examiner) MEDI obtained 21 D. TIME (Day) (Manth) (Year) (Haur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Nat While (APPROX.) pup Work At Wark 22. I certify that (+) (this hospital) attended the deceased from that (4) (we) lost saw the deceased alive on hospital death) and hour and from the causes stated above. (1) (Wa) (did not) view the body after death, must 23A. SIGNATURE Attending [Med. Shaff 10 Phys. Director approval 0 23C. PHYSICIANT 23 D. ADDRESS prior to NAME () d 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY deceased 0.0 REMOVAL (Specify) ISRAEL

2. CITIZEN OF WHAT COUNTRY? U.S.A BALTIMERE mo. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) ond that in (my) (aur) opinion death occurred on the date 23 B. DATE SIGNED (City, tawn, or county) BURIAL ROSEDALE 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR BROS. EISTERSTOWN ROAD, BALTO. VS 150-REV. 1/1/68

NOL

Days

If Under 24 Hrs.



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a haspital (except where the physician wha pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior ta death. Such written appraval must be obtained befare the remains are embalmed ar final dispasition is made. This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a haspital and the bady was released to the haspital by a medical examiner. Also, if the direct or contributing couse of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased

		BALTIMORE CITY	HEALTH DEPARTMENT						
BIRT	HNO. 68-2	882 CERTIFICA	TE OF DEATH	REG. NO.	68-2882				
	AME OF DECEASED NNA LE	2018	3-12-	6 8 DEATH	110 45 PM				
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	INDUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE) B. COUN		ion: residence before almission)				
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	BACTO /	7 d D. INSIDE C	TITY LIMITES				
1142	FRIEDLERS Ges	+ Horano	Ball	YES YES					
7	Aleuceres oves	House	E. STREET AND NUMBER						
)		4505 N. ROG		Under 1 Yr. If Under 24 Hrs.				
S. S	FEMALE Cauce WIDOW	VED, DIVORCED	ANNANA 8	ost birthdoyl & Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.				
	USUAL OCCUPATION (Give kind of work 10B, KINI during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY?				
		HOME	RUSSIA		U.S.A.				
13.	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	•				
	ISADORE REECE		LEAH	?					
	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	NO	NO	MRS. LEA DARU	JIN, 4507 N.					
	18. 19501	CAUSE OF DEAT	Н / «	0	BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Care	inoung toxis	abelowin	of Garage				
	(This does not meon the mode of dying,		A CONSEQUENCE OF:	Ale se sere	sovern .				
	hearl failure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,		suspeche	1				
	ANTECEDENT CAUSES	(8)							
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************					
	rise to the above couse (A) stoting UNDERLYING CONDITION last.	(C)	======================================	·····					
	199,2/ 11	Servere	ceretivezza	for an her	w clerous				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		x tenos desoi	he cardier	cose diseasi				
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND	INGS CONSIDERED				
CERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CAUSES	OF DEATH?				
AL.	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID	(If in Baltimore Cit	y, give exact location)				
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
2	OF INJURY (APPROX.)	While At Not Whi At Work	le 🗆						
	22. I certify that (I) (this haspital) attended the deceased from 1-26 1965 to 3-12 1965,								
	that (1) (we) last saw the deceased alive an 3 1 19 5 and that in (my) (aur) apinion death accurred on the date								
	and haur and from the causes stated above 23A, SIGNATURE	e. (I) (We) (did) (did not)	view the bady after death.		DATE SIGNED				
	Attending Med. Staff Staff								
	23C. PHYSIGIAN'S	7 PL OEBREE Phy	23D. ADDRESS	Phys. 🗆	1.0				
	NAME (Type) H. GERACO	Oster Mi	6821 Reiste	erstown b	ed Bullo Md				
244	. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CR	EMATORY 24D. LC	OCATION (City, to	own, or county) (Stote)				
	BURIAL 3-14-68	TZEMECH ZEDEK		TIMORE, MARY	LAND				
25A	DATE REMAR 14 1968 OF CO.	A E . Falleyna	SOL LEVINSON		ADDRESS				
VS	150-REV. 1/1/68		UVIU KLISILI	COLUMN NO.	untivi titis				

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68- 2883 BALTIMORE CITY HEALTH DEPARTMENT

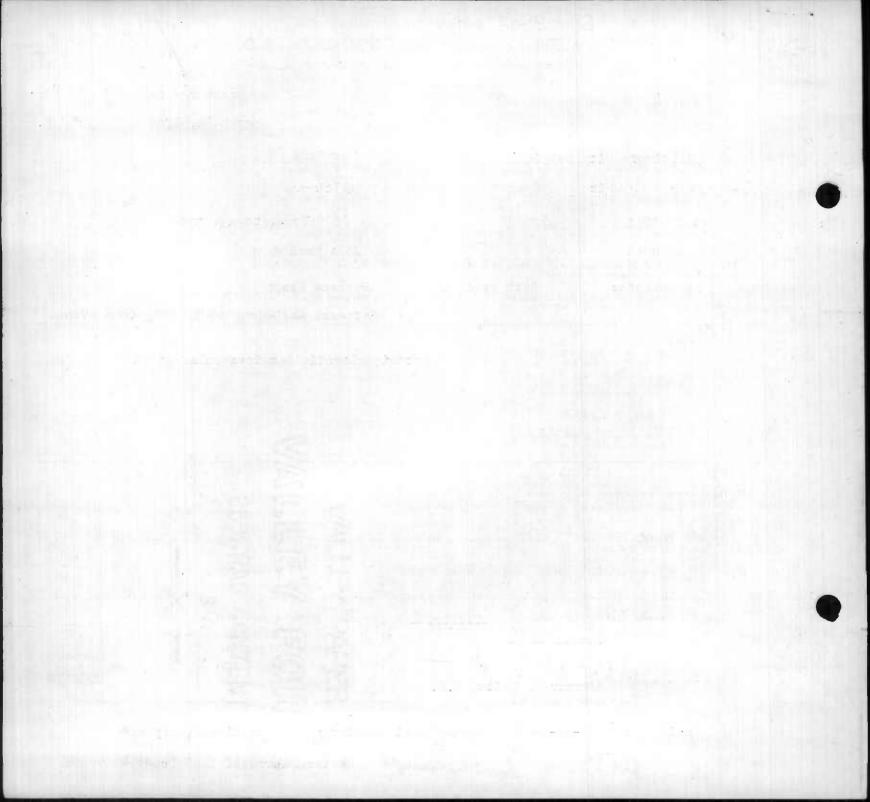
	CERTIFICATE OF DEATH REGINO. 68-2883
BIRTH NO.	The page of the state of the st
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Manth Doy Year Haur
Christian W. Fischbeck	DEATH Estimated 3 10 68 1:00 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD March 10 1968 1:00m M.
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
City Hospital	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. C
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	. IE. STREET AND NUMBER
Nov.7,1915 lost birthdoy) Months Doys Haurs Min	9908 Gunforge Rd. 5
11. BIRTHPLACE (State or foreign country)	13. FATHER'S NAME
Balto. Md. WHAI COUNTRY?	Christian Fischbeck Sr.
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI	
done during mast of working life, even if retired)	
Guard Seagrams	Elizabeth Sippel
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
(Yes, no ar unknawn) (If yes, give war or dates of service) yes No. 1. SECURITY NO. 215-30-99	26 Sara G.Fischbeck 9908 GunforgeRd.
19. Land CAUSE OF DE	
1412,9 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE	
(This daes not mean the mode of dying, e.g., DUE TO, OR	AS A CONSEQUENCE OF:
heort foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	
injury or complication which caused aroundy	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OI	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	······································
E +22,1 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ODE AS OF OPERATION 208. CONDITION FOR WHICH OPERATION V	3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
DATE OF OFERALIOIS POST COMBINION OF WHICH OF ERALIOIS V	THE COUNTY (COUNTY)
	ves
	, in or obout 22C. WHERE DID (If in Baltimore City, give exact location)
S otto Tuesday	ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E.NNJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	OT WHILE [
	WORK
23.	
I certify that I held an Inquiry I Inspection A	utopsy. X and that an this basis, death in my opinion
resulted from Natural Lauser X Accident Suic	Hamilaida 🗍 Hadatamlaad manaa 🗍
resulted from Manual Falls Accident Suic	
	CHIEF MEDICAL EXAMINER L
ACTUAL SIGNATURE AND WAR MAN AND MAN A	D. ASSISTANT MEDICAL EXAMINER
	ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.	March 11, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	
REMOVAL (Specify)	240. LOCATION (City, town, or county) (Stote)
Burial 3/14/68 Loudon Pa	rk Frederick Ave.Balto.Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
238. NAME OF REGISTRAK	
MAD 1 4 MCG A O C T. O me	KRAUSE FUNERAL HOME 1216S.Charlesst
WILL STORY OF THE	
VS 151-REV, 1/1/68	

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68-2884 baltimore city health department

			-	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH

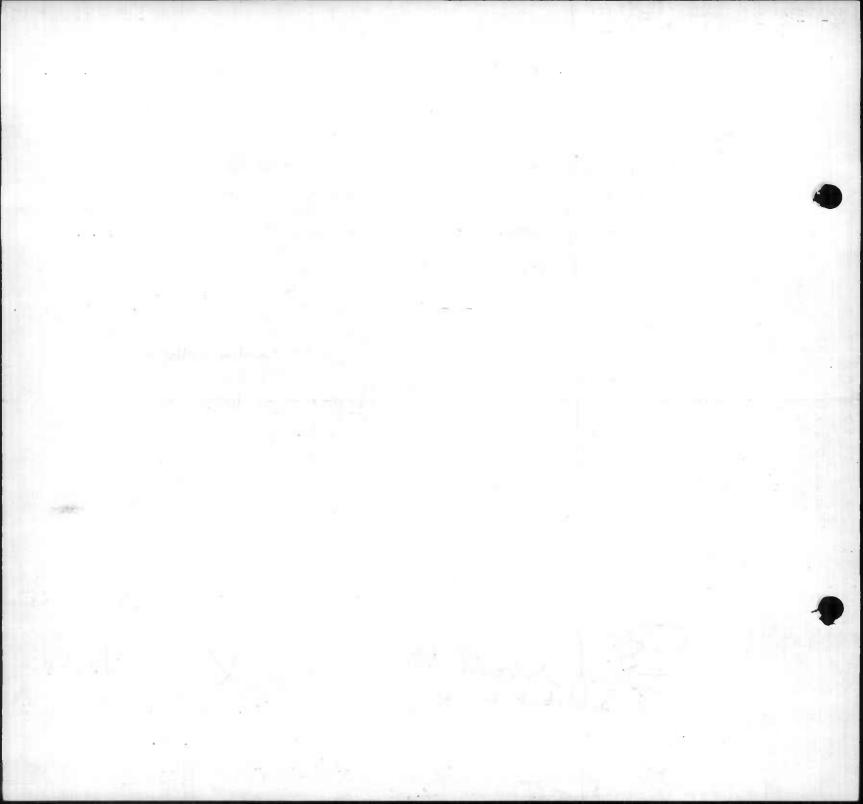
			68-	288	4	BALTIMORE CITY HE	ALTH DEPAR	RTMENT		1/		
			MED	ICAL	. EX	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	68-	2884
BIRT	HNO.									KE G JAG		
	AME OF DEC	EASED					2. DATE	Knawn 🔯	Manth	Doy	Year	Hour
(Тур	FRANK				NΔ	CHODSKY	OF	Estimoted	Marc	h 11, 19	68	2:00 B
4 D		IMORE MA	APVIAND W	HEDE DI		UNCED DEAD	DEATH 3. DATE	2011110700	Month	Doy	Year	Hour IM
								JNCED DEAD				11001
	NAME OF PITAL	ADDR	ESS OR LOCAT	ION)	IIIOIIO	N, GIVE STREET			March	11, 1968	1	2:00 P.M.
ORI	NSTITUTION							ESIDENCE (Where			residence l	belare odmissian)
R							A. STATE	-11		B. COUNTY		L'3-na
1	Baltim	ore Ci	ty Hosp		-			yland		D INICIDE OIL	W 11441760	03-43
6. S	EX	7. RACE		B. MARE	SIED L	NEVER MARRIED	C. CITY OR	IOWN		D. INSIDE CIT	A FIWIL23	
	Male	Whi	te	WIDOV	VED [DIVORCED .	Ba 1	timore		YES	s X	NO 🗆
	ATE OF BIRTI	11111	10. AGE (In	yeors	If Unc	der 1 Yr. If Under 24 Hrs.		ND NUMBER			, 423	
		1 × 11	last birthdoy		Month	s Days Hours Min.						
	et IO IS		66				6809 Youngstown Avenue					
11. E	SIRTHPLACE (S	late ar farei	gn country)			TIZEN OF	13. FATHER'	SNAME				
	unkno	wn			W	HAT COUNTRY?	John	Nachodsk	CV			
LAA			e kind of work	AR KINI	OFR	USINESS OR INDUSTR						
dane	during most of w	arking life, e	en if retired)	AD: WIIAT	OFB	OSINESS OK INDOSIK	I I S. MOITIE	3 MAIDEN NA	VIL			
	C.oper	ator		Betl	a St	eel Co	Barba	ara Nenec				
16. 1	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	IB. INFORM			AD	DRESS	
(Yes,	no ar unknown)	(If yes, give	wor ar dotes	of service)	SECURITY NO.	Margas	ret Nachod	leky 68	OQ Voun	actour	Avenue
-								Let Nachot	isky oc	or roun	~	PPROXIMATE INTERVAL
1 1	9. 1/12	9				CAUSE OF DEA	TH					VEEN ONSET AND DEATH
	DISTAS	CON CONT	OITION DIREC	TIV								
		LEADING TO		- ILI		Arter	ioscler	otic Card	iovasc	ular Dis	ease	
			mode of dy	ing e.c		(A)IMMEDIATE	AUSE					
	heart failure	osthenio, et	c. It means the	disease,		DUE TO, OK	AS A CONSEQ	UENCE OF:				
	injury ar can	aplication wh	ich coused dea	ith.)								
		ITECED EN IT	CAUCEC									
		NTECEDENT		CUVINIC		(B)	AS A CONSEC	THENCE OF				***************************************
			IONS, IF ANY LUSE (A) STAT			DOE TO, OK	A3 A CONSE	WOLINCE OI.				
-	UNDERLYIN	G CONDIT	ION LAST.			(c)						
Ó.						(0)						
F	422	IFICANT CO	II	SALTDIDLE	TINIC							
CERTIFICATION			NDITIONS CO									
트	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A)								
~	20A. DATE OF	OPERATIO	N 20B. CON	NOITION	FOR V	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	OPSY? (Yes ar No)
U	^						No					No
	22A. FXTER	NIAL CALICE	WAS		Inan D	LACE OF INITIDAL	· 1 - 1 2	OC WHERE DID	/:(· D - 1::	Class - London		NO
EDICAL	UNDERLYING	NAL CAUSE				LACE OF INJURY (e.g., farm, lactary, street, office			(it in pairimai	e City, give exac	r racarran j	
	UTING CA											
\S	22D. TIME		Doy) (Yeor) (Hau	r) 22	E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	JR?		
1	OF INJURY					HILE AT - NOT	WHILE					
ll L	(APPROX.)						VORK					
	23.				_							
	I cert	ify that I l	reld on I	nquiry		Inspection A	topsy	ond that on t	his bosis,	deoth in my	pinion	
			Notural cou					omicide 🗌	Undatami	and manner [7	
	resur	red from: I	1010101 000	262 -	AC	Cideni 🗀 307Ci					_	
		1.11	- 1			1		CHIEF MEDICAL I	EXAMINER			DATE SIGNED
	ACTUAL	10 / 11 / V	nels !	2./	1	4.7	ASSI	STANT MEDICAL	EXAMINER	X		D/112 3101112
	SIGNATI			(1	M.I.		CIATE MEDICAL	TVA AA IN IED			3/12/68
	EXAMIN NAME (1		Werner	U. S	pit	z, M.D.	ASSC	CIATE MEDICAL E	EXAMINER			3,,
	BURIAL CRE	MATION,	24B. DATE		240	NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tawn,	ar county) (State)
KEN	MOVAL (Speci	77	2 7/	TO 60		Samuel Harris	Comete		0.1.1.	was Maria	1003	
	Burial	BM (15 2 15	3-14-			acred Heart				re, Mary		
25A	. DATE REC'D	BY HEALTH	DEPT.	25B. N	NAME	OF REGISTRAR	25 C.	FUNERAL DIRECT	OR	AL	DDRESS	
	A.	MAR 3	4 1968	A	0	8- 2. Farley	Wa:	lter Dabro	owski 1	1005 Dun	dalk /	Avenue
VSI	51-REV. 1/1/68		1446	TAR								
4 3	W. T. T. 1/1/01											



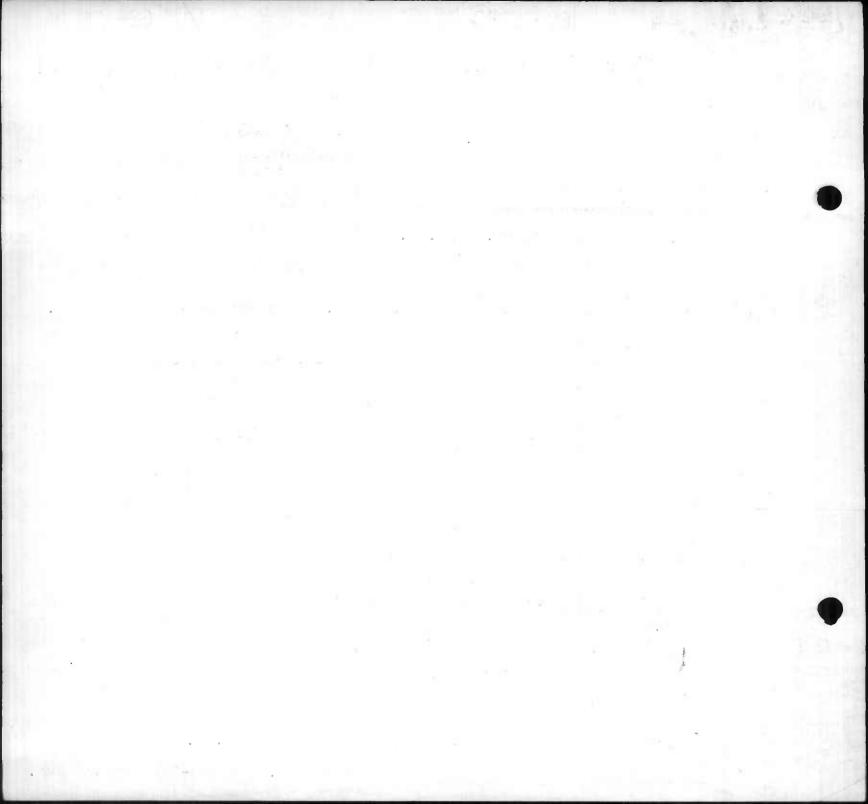
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46-18-62

T	=-6+		68- 28	85 BALTIMORE CITY	HEALTH DEPAR	TMENT		00	00	0 =
DIDTI	H NO.		00 20	CERTIFICA	TE OF DE	ATH	REG. NO.	68	- 28	85
1, NA	ME OF DECE	ASED			12	. DATE AND	HOUR OF DEA	TH		
(Туре	e or Print)	Lavmon	C. Frankl	in			3/11/68		5.20) P. M.
3. PL	LACE IN BALT			NOUNCED DEAD	4. USUAL RESIDI	B. COUNT		If institution; re:	sidence befo	re odmissian)
FULI	L NAME OF	(IF NOT IN	HOSPITAL OR IN	STITUTION, GIVE STREET	Marylan		To 1	INSIDE CITY LIF	MITS?	24
12		City He	nenitale		Baltimo			YES K	NO	1
11.5		ern Ave	-		E. STREET AND I					
		Maryl		24	1112 Ne	weomb V	Way 2	1205 (007	
5. SE	X	6. RACE		IED X NEVER MARRIED	8. DATE OF BIRTH		. AGE (In years	If Under Months:	1 Yr. If U	Jnder 24 Hrs.
Ma.		White	WIDOV		3/25/06		61			
done		rarking life, even	if retired)	o of Business or Industry B Motor			n country)		I.S.A.	AT COUNTRY?
	ATHER'S NAM		oone:	3 110 001	Virgini 14. MOTHER'S M		E		I.D.H.	
13. 6					WOTHER 3 M	WINEIA MAM				
10 11	Clift	-	ranklin	11 / 20 014	Unknown	1			ADDRESS	
(Yes,	no or unknown)		or ar dates of servi	16. SOCIAL SECURITY NO. 226-01-9234	17. INFORMANT Nant BCH: Reco	rds /9	nklin, wi	fe, abo	76 2122 Raltim	24 ore Md.
-	yes	W	WII	CAUSE OF DEATI	Done Reco	100 472	40 Bab oct	11 21 40 . 1	APPROXIMA	TE INTERVAL
	(This does not heart foilure, injury or community or comm	osthenio, etc. plicotion which NTECEDENT R CONDITION obove cou c CONDITION	mode of dying, II means the dise coused death.) CAUSES NS, if any, gives se (A) stoting	ving DUE TO, OR AS the (C)	SE A CONSEQUENCE CA CONSEQUENCE	OF:	lune	14056		
A	TO THE DEATH	H BUT NOT RELA ONDITION GIVE OPERATION 1	TED TO THE TERMIN		20A. AUTOPS		208. IF YES, WI	RE FINDINGS CAUSES OF D	EATH? 3	
ES /	1					es				YES
AL.	21 A. ACCIDEN OR CONTRIBU DEATH (natify	TING CAUSE medical examin	RLYING [] OF et)	21B. PLACE OF INJURY (e.g., i hame, farm, foctory, street, at etc.)	fice bldg., INJURY	OCCUR?	(If in Bolt	imore City, give	exact location	on)
	21 D. TIME	(Month) (Doy	(Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HO	W DID INJU	RY OCCUR?			
1151	(APPROX.)			While At Not While Work Not Wark				1		
	22. I certify	that (1) (this	haspital) attend	ed the deceased from	2 26	19	9 68 to	3/11		1968.
1	that (1) (we)	last saw the	deceased alive	an	19 68	and tha	t in (my) (aur)	apinian deat	h accurred	an the date
		1	ses stated abov	e. (1) (We) (did) (did nat) v	iew the bady aft	ter death.				
2	ZA. SIONATU		lela	Phu	nding Me		Shaff	23B. DATI	SIGNED	68
1	NAME I	1	Lichana	H. M.	Baltimore	City 1	Hospitals		1	dia.
244	RUPIAL CREA	AATION, 24B.	DATE	C. NAME OF CEMETERY OF CRI	4940 East	ern Ave	e. Baltim	Ore, Maj		#21224 (State)
	REMOVAL (S	pecify)		Baltimore Nation			altimore,		edunty)	(3/016/
11		BY HEALTH DI		ME OF REGISTRAR					ADDRES	S
			8 AD D. F	dist 1	Schimu 3331 B	nek Fur rehms I	neral Hom Lane 21	e 21.3		9.1



1	68- 2886 BALTIMORE CITY	HEALTH DEPARTMENT	68- 2886
8	CERTIFICA CERTIFICA	TE OF DEATH REG. NO.	00- 5000
- 11	BIRTH NO.	//	
	THOMAS M. ENSOR	JR. 3-11-68	5-10P.m.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if instit A. STATE B. COUNTY	
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN	CITY LIMITS?
1	SLUTHERAN HOSPITAL		ES NO
H		E. STREET AND NUMBER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 7-19-23 9. AGE (In yeors lost birthdoy) 44	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
		11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) BUS DRIVER Balto.Trans.Co.	BALTIMORE	U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
	THOMAS M ENSOR SR.	JESSAESLY FLET	
	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) U. yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
	YES Janathorpen WW 11 21 9-01-57291	Mrs.Esther Ensor-192 W	OOD VALE RO.
	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
I	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A	SE arrhosis, Liver)
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	CONSEQUENCE OF	100
	ANTECEDENT CAUSES		
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	
	UNDERLYING CONDITION last. (C)	rodic Failure	
	3'81.0 II		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (A).		
	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If In Baltimore (City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, off DEATH (notify medical examiner)	ice bldg., INJURY OCCUR?	
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While AI Not While	21F. HOW DID INJURY OCCUR?	
	Work At Work		-11-10
	22. I certify that (I) this hospital attended the deceased from that (I) (we) lost sow the deceased alive on 3	1968 and that in (my) (our) animic	on death accurred an the dote
	and haur and from the couses stated above. (I) (We) (did) (dId not) vi		on death decorred an ine dete
	23A. SIGNATURE	2	38. DATE SIGNED
1	La kand Um Degree Phys		3-11-68
	23C. PHYSICIAN'S NAME (Type) ZAKAUDDIN VERA MD.	LUTHERAN HO	SPITAL BALTO
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City,	town, or county) (State)
	Burial 3/15/68 Baltimore Nati	onal Balto.Md.	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
	SEAD 1 4 1009 DO A Q ATT COMPA	Austin E. Donovan-381	o Roland Ave.



IMPORTANT

FUNERAL DIRECTOR:

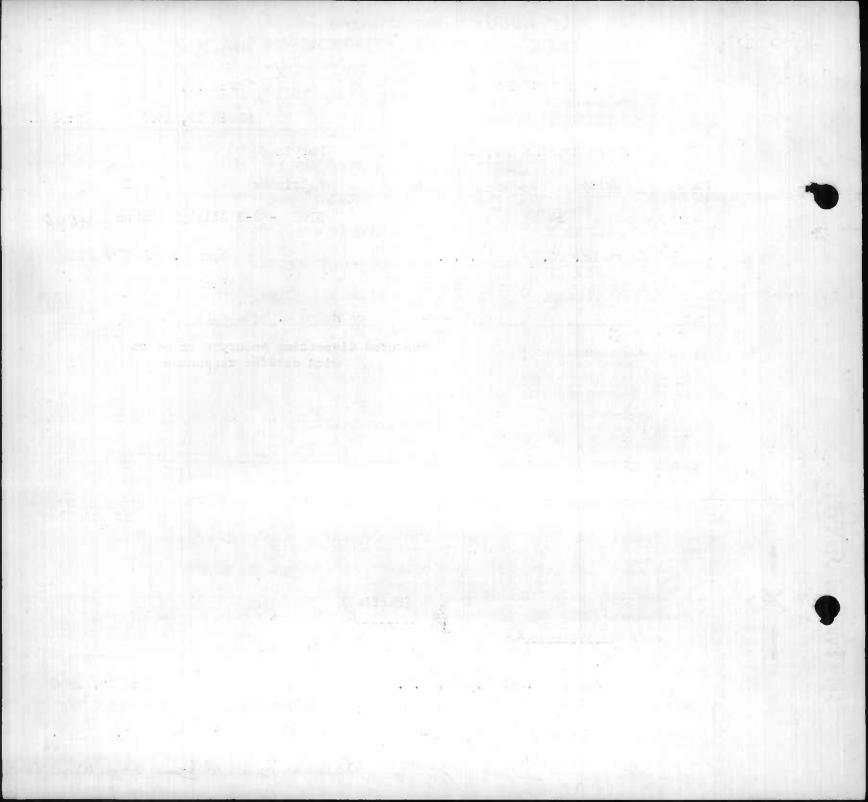
BIRTH NO.	(58- 28	CERTIFICA	ATE OF DEATH	1	68- 2887
.NAME OF DEC Type or Print)	EASED				AND HOUR OF DEATH	
		Young			3- 10- 1968	nstitution: residence before odmissi
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE () A. STATE B. CC	Where deceased lived. If i	nstitution: residence before odmissi
CHILL NAME OF	(IE NOT IN HOS	ITAL OR INST	TUTION, GIVE STREET	Md.		53-00
FULL NAME OF	ADDRESS OR LO	CATION)	TO HOIT, GIVE SIKEET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
NSTITUTION				Baltimore	(0	YES NO
90	Gould Conve	elesent.	Home	E. STREET AND NUMBE	R	
10	00020	0000110		4234 Cardwe	ell Avenue	
SEX	6. RACE	7. MADDIET	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mir
Female	Cau	WIDOWE		12-7-1900	lost birthdoy) 67	Months Doys Hours Mir
	0.016			Y 11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUN
	working life, even if retired				,	
Grocery	Store	Seeb	ys ·	Boonsboro		U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN		
	Unk	nown			Unknown	
S. Wos Deceoses	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknow	(If yes, give wor or d	otes of service)	SECURITY NO.			
No			215-18-4489 CAUSE OF DEA		ng 3328 Summi	t Avenue 21234
(This daes	SE/OR CONDITION LEADING TO DEAT not meon the mode asthenia, etc. It mea mplication which caus	H of dying, e.g ns the diseos		SA CONSEQUENCE OF:	mary crub	Olles Nymin
UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR OTHER 194. DATE	e obave cause (/ G CONDITION last.	CONTRIBUTING THE TERMINA PART 1 (A).	Old por	cal her	iflege	FINDINGS CONSIDERED
0	WAS F	ERFORMED			IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	h	1B. PLACE OF INJURY (e.g. ome, form, foctory, street, tc.)	, in or about 21 C. WHERE DI office bldg., INJURY OCCU	D (If In Boltimo	ore City, give exoct location)
D 21D. TIME	(Month) (Doy) (Ye	or) (Hour) 2	E. INJURY OCCURRED		INJURY OCCUR?	^
OF INJURY (APPROX.)			Vhile At Not William Not Work At Work	nile 🔊		4
				Jan -	196210	mor 10 6
			the deceased from	10 69	4	
thot (1) (we) lost sow the dece					oinion death accurred on the
and hour an	N 3	tated povel	(1) (We) (did (did not)	view the body after dec	oth/	
23A. SIGNAT	Mar	le		Hending Med. Director	Staff Phys.	238. DATE SIGNED 68
23C. PHYSICI NAME ((AS)	K JR DEGRI	23D. ADDRESS	HARFOI	RO/Rd.
4A. BURIAL CR REMOVAL	(Specify) 248. DATE	24C.	NAME of CEMETERY of C		D. LOCATION (City, town, or county) (Sto
Buria	3-14	-1968 I	Boonsboro Ceme	tery 25C. FUNERAL DIREC	Boonsboro,	ADDRESS 3
M	AR 1 4 1968	12. D. A	2 Fallerma	Lanch	Il deserut	-07401 R.M
S 150-REV. 1/1	/6B	- Washing			Jan Land	7.1.

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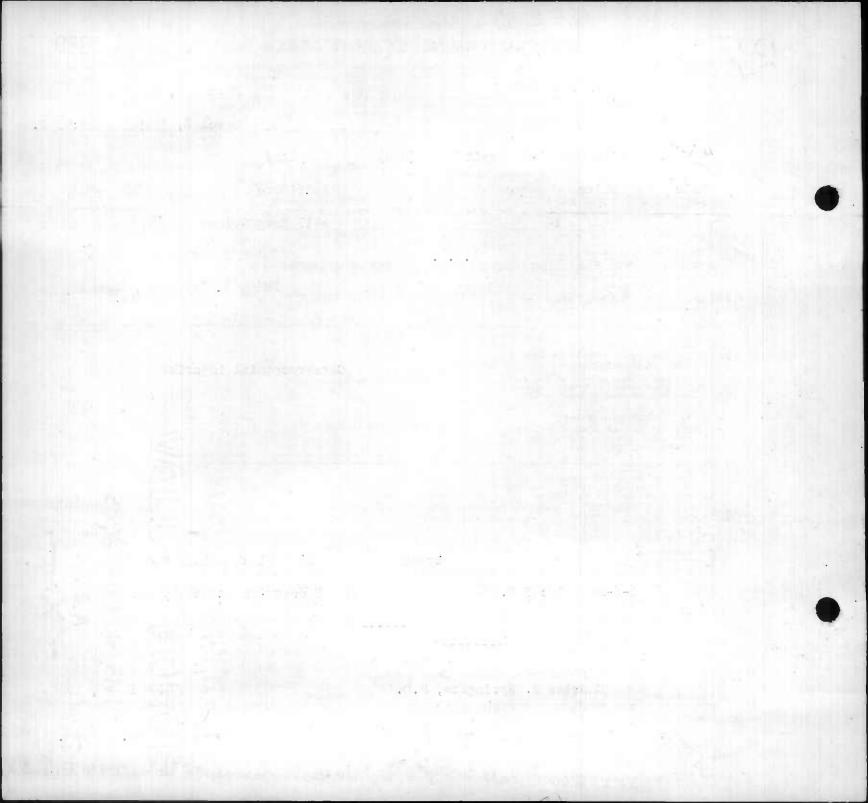
68- 2888 BALTIMORE CITY HEALTH DEPARTMENT

68- 2888

BIR	TH NO.		MED	ICAL	CA.	AMIINER 3	CKIIFI	CATEO	FUCAT	REG. NO		
1. NAME OF DECEASED							2. DATE	Known K	Manth	Day	Year	Hour
(Type or Print) JOHN SCHMIDT						OF DEATH	Estimoted [March	10, 1968	3	М.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	UNICED DEAD	Month	Doy	Year	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION					ESIDENCE (W		10, 196		12:53 A _M .			
33 Johns Hopkins Hospital						A. STATE	Marylar		B. COUNTY	-	16-61	
6. SEX 7. RACE B. MARRIED NEVER MARRIED							C. CITY OF			D. INSIDE CIT	/ LIMITS	100
	Male	Whit		WIDOW		DIVORCED [Baltimo	re	YES	X	NO 🗌
9. 1	9-29-191		lost birthday 54	yeors		er 1 Yr. If Under 24 Hrs. Doys Hours Min.	E. STREET	5709 -	B-3 Ad	leigh Ave	enue	21606
11.	BIRTHPLACE (S		gn country)	1		IZEN OF	13. FATHER	'S NAME				7000
	Hall+	imore (To Md			AT COUNTRY?			Jol	nn P. Sel	omidt.	
144	USUAL OCCU	PATION (Giv	e kind af work	4B. KIND		SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N		111 -	mila	
agii	eduring most of w Selfer	nployed	-	Sodd	ing	Company			Su	sie Johns	son	
16.	WAS DECEASE s, na or unknown)	ED EVER IN	U.S. ARMED	FORCES?	? 1	7. SOCIAL SECURITY NO.	18. INFOR	MANT		ADI	DRESS	
1	No	(ii yes, give	war or autes	31 3614100/		219-10-7605	Mrs	elen M.	Schmidt	5709 Ad.	Leigh	Avenue
	19.44	1.0.				CAUSE OF DEA	ТН					PPROXIMATE INTERVAL
	DISEASI	E OR COND	ITION DIREC	CTLY		Ruptu		_	_	m of aor	ta	
		LEADING TO				(A)IMMEDIATE C	AUSE W	ith card	liac tam	ponade		
	heart failure,	osthenio, etc	mode of dy the decision in the choosed decision	disease,		DUE TO, OR		QUENCE OF:				
		NTECEDENT	CAUSES ONS, IF ANY	GIVING		(B)DUE TO, OR	AS A CONSE	QUENCE OF:				
	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE								
Z	ONDERENIN	O CONDII	TOTY LAST.			(c)						
CERTIFICATION		ATH BUT NOT	II NDITIONS CO TRELATED TO GIVEN IN PA	THE TERMI						high ang was way of the Mighellin Allow spike after a down side of the Allowson side of the A		
RTI					OR W	HICH OPERATION W	AS PERFOR!	AED			21. AUTO	PSY? (Yes or No)
ü	2										(Pa	rtial)
SICAL	UNDERLYING		ITRIB-			ACE OF INJURY(e.g., arm, factory, street, affic				re City, give exact		Yes
MEDI	UTING L CA		ATH. Day) (Year) (Haur) [22E	INJURY OCCURRED		22F. HOW DID	INJURY OCCL	JR?		
	OF INJURY (APPROX.)				WH	ILE AT NOT	WHILE					
	23.				m. WC		rtial)					
	I certi	ify that I h	eld on l	nquiry [nspectionAu	topsy X	and that a	n this basis,	death In my a	pinion	
	result	red fram: N	latural cau	ses X	Acc	ident Suicia	le 🗌 H	omicide	Undetermin	ned manner		
		00	0	1	1			CHIEF MEDICA	L EXAMINER			
	ACTUAL	IDE (an S	J	1	zal M.D	ASS	ISTANT MEDICA	L EXAMINER	X		DATE SIGNED
	SIGNATU EXAMINI NAME (T	ER'S CI	narles	S. Sp	rin	gate, M.D.		OCIATE MEDICA	AL EXAMINER	☐ Ma:	rch 1	0, 1968
	A. BURIAL CREA MOVAL (Specif	MATION,	24B. DATE		24C.	NAME of CEMETERY	ar CREMAT	ORY 24	D. LOCATION	(City, town,	or county) (Slote)
	Burial		3-13-1	968		ardense of				more,	Co.	Md.
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NA		FREGISTRAR	25C.	FUNERAL DIRE	CTOR	AD	DRESS	36
	A	MAR 1	4 1968	R.C.	ub	2. January	La	massa	Junea	I home	740	1 Below Ro
VS	151-REV. 1/1/6B											



4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION Union Memorial Hospital Union Memorial Hospital OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Union Memorial Hospital OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Union Memorial Hospital OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION Maryland OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION OR NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION GIVE	LIMITS2 NO
March 9, 1968 OR INSTITUTION Union Memorial Hospital Union Memorial Hospital Union Memorial Hospital (DOA) Maryland OR INSTITUTION Maryland OR INSTITUTION Union Memorial Hospital OR INSTITUTION Maryland OR INSTITUTION In Maryland OR INSTITUTION Maryland OR INSTITUTION In In Maryland In I	LIMITS2 NO
Union Memorial Hospital (DOA) Maryland SEX	LIMITS2
Union Memorial Hospital (DOA) Maryland 6 SEX 7. RACE	NO D
Male White WIDOWED DIVORCED Baltimore YES	NO D
Male White WIDOWED DIVORCED Baltimore YES 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 14 L4 L4 L7 Rasp Avenue 2120 11. BIRTHPLACE (Stote or foreign country) Baltimore Maryland 14. USUAL OCCUPATION (Give kind of work later with a country) Student Student 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 10. AGE (In years later later later) Baltimore YES Baltimore YES Baltimore Baltimore 44.17 Rasp Avenue 2120 13. FATHER'S NAME Thomas Connolly 14. USUAL OCCUPATION (Give kind of work later l	
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 14 14. Months, Doys Hours Min. 14 44.17 Rasp Avenue 21.20	
14 1 4417 Rasp Avenue 2120 11. BIRTHPLACE(Stote or foreign country) Baltimore Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A. Thomas Connolly 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Student Student 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, noor unknown) (If yes, give wor or dotes of service) SECURITY NO.	
11. BIRTHPLACE (Stote or foreign country) Baltimore Maryland I.2. CITIZEN OF WHAT COUNTRY? U.S.A. Thomas Connolly IAA.USUAL OCCUPATION (Give kind of work) IAB. KIND OF BUSINESS OR INDUSTRY IS. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Student Student Student Student IAB. WAS DECEASED EVER IN U.S. ARMED FORCES? IT. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) IAB. INFORMANT ADDITIONAL SECURITY NO.	26
Baltimore Maryland WHAT COUNTRY? U. S. A. Thomas Connolly 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Student Student Student Student 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDITIONAL SECURITY NO.	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired Student Student Emily L. Behrendt 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDITION OF UNKNOWN) (If yes, give wor or dotes of service) SECURITY NO. 18. INFORMANT ADDITION OF UNKNOWN) (If yes, give wor or dotes of service) SECURITY NO. 18. INFORMANT ADDITION OF UNKNOWN) (If yes, give wor or dotes of service) SECURITY NO. 18. INFORMANT ADDITION OF UNKNOWN) (If yes, give wor or dotes of service) SECURITY NO. 18. INFORMANT ADDITION OF UNKNOWN) (If yes, give wor or dotes of service) SECURITY NO. 18. INFORMANT SECURI	
done during most of working life, even if retired) Student Student Emily L. Behrendt 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDI SECURITY NO. 18. INFORMANT SECURITY NO. 18. INFO	
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
(Yes, noor unknown) (If yes, give wor or dotes of service) SECURITY NO.	Connolly
No None Mrs Helen Connolly Lul 7 Rasp	e Avenue
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OF II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 2	
	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB- 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	ocotion)
© UTING ☐ CAUSE OF DEATH. street 6300 block Belair Road	19/2-0
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	-
(APPROX.) 3-9-68 10:05 Pm WHILE AT NOT WHILE X Pedestrian struck by ca	ir
23. I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my ap	oinlan
resulted from: Natural causes Accident X Suicide Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL ASSISTANT MEDICAL EXAMINER X	DATE SI
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Mar	ch 10, 19
	or county) (
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or REMOVAL (Specify)	



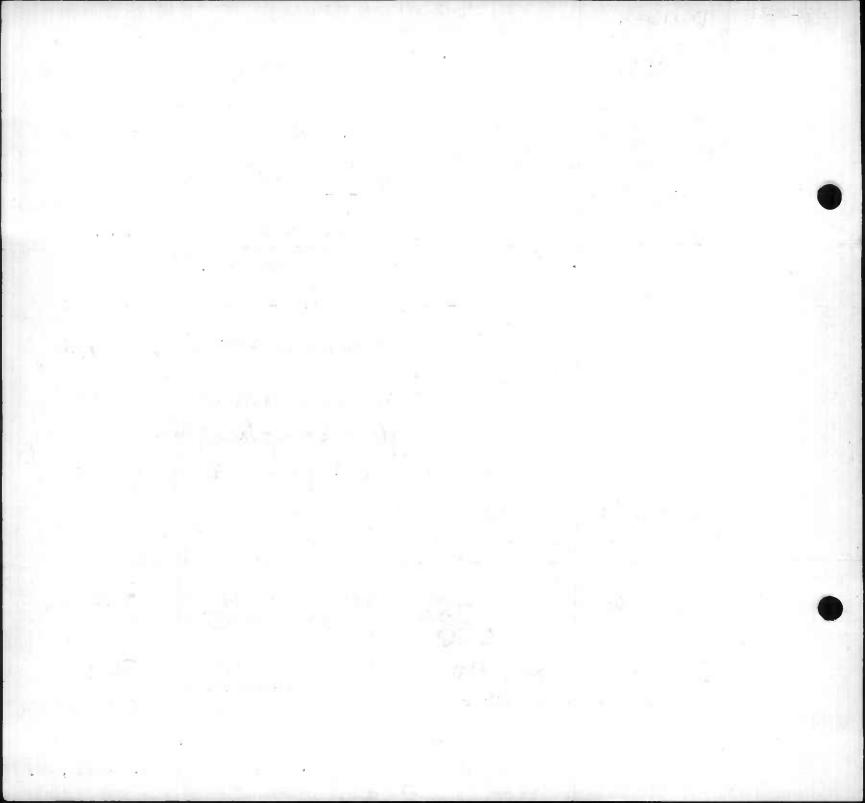
68- 2890 BALTIMORE CITY HEALTH DEPARTMENT

MEDICA	AL EXAMINER'S	CERTIFICATE OF DEAT	H _{REG. No.} 68- 2890
1. NAME OF DECEASED (Type or Print) RUTH LONEY		2. DATE Known Month	Doy Year Hour
		DEATH Estimoted U	11 68 12:15 p _M
4. PLACE IN BALTIMORE, MARYLAND, WHERI FULL NAME OF (IF NOT IN HOSPITAL OR	PRONOUNCED DEAD	3. DATE Month PRONOUNCED DEAD March	11, 1968 Hour 12:15 p.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	The state of the s		11, 1968 12:15 p _{M.}
101 E. Mt. Royal Ave		A. STATE Marylan	a. COUNTY
6. SEX 7. RACE White WILL	D. INSIDE CITY LIMITS? YES NO		
9. DATE OF BIRTH 10. AGE (In year lost birthdoy)	s If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET AND NUMBER 101 E. Mt. Royal	Ave.
11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME George V. Leight S.	r.
York Co. Pa. 14A.USUAL OCCUPATION (Give kind of work 148. K	IND OF BUSINESS OR INDUSTRY		
done during most of working life, even if retired)	Restaurant	Pauline Sponsle	r
16. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) ((If yes, give wor or dotes of ser	CES? 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
No	JECOKII I IVO.	George V. Leight Jr	•
19.5 7 1.01	CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e heort foilure, osthenio, etc. It meons the disec- injury ar complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	Fa (B) DUE TO, OR	Acute alcoholism	
OF THE SIGNIFICANT CONDITIONS CONTROLL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 20A. DATE OF OPERATION 20B. CONDITION	IBUTING ERMINAL		
20A. DATE OF OPERATION 20B. CONDITI	ON FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
₹ 22A. EXTERNAL CAUSE WAS	228 BLACE OF INTURY/2 **	in or obout 22C. WHERE DID (If in Boltimo	YES
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, farm, foctory, street, offic	te bldg., etc.) INJURY OCCUR?	re City, give exect location)
		22F. HOW DID INJURY OCC	UR?
23.			
I certify that I held an Inquis		and that an this basis,	
resulted from Natural causes	Acciden Suicio	de Homicide Undetermi	ned manner
ACTUAL SA A	7-11/11/2	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	MI		
EXAMINER'S NAME (Type) Edward F.	Witson, M.D.	ASSOCIATE MEDICAL EXAMINER	March 11, 1968
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	ar CREMATORY 24D, LOCATION	
REMOVAL (Specify) Burial 3-16-68	Greenmount Ce	metery Vork	County, Pa.
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAR 14 1968 (R	but E. Farbura	and the state of t	1 Loch Raven Blvd. 21204

VS 151-REV. 1/1/6B

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1-08-41]	00 0001	HEALTH DEPARTMENT REG. NO. 68- 2891
and eath ased the Such	BIRTH NO. 1. NAME OF DECEASED TSRAC S. Poling	2 DATE AND HOUR OF DEATH
of deat of deat Decease e on th	ISAAC POLING.	3/11/68 1/2 - PM
of of other	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A, STATE B. COUNTY
los (5) de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	
se; end to	Baltimore City Hospitals	Ft. Howard YES NO X
cau cat ior	3 / 4940 Eastern Avenue	E. STREET AND NUMBER
ed ar		Li Dididi 21 ondo
ntrib rmin egul ased s ma	Male White WIDOWED DIVORCED	5-20-1911 56
th co dete	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Miner	West Virginia 12. CITIZEN OF WHAT COUNTRY U. S.A.
rect or (4) Unc was the d ispositi	13. FATHER'S NAME Alva B. Poling	Cecilia C Bowman
e di ind; eath e on al di	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
th the d		
his as Iso, if of any unced tenda ed or	DISEASE OR CONDITION DIRECTLY C. P.A.	NEGATIVE SEPSIS
A Por	(This does not meen the mode of dying, e.g., head failure, ashenio, etc. It means the disease,	SE A.
ine acti	injury or complication which coused death.)	Pura la la noscotta de la documenta de la companya
A fr		A CONSEQUENCE OF:
il exc (3) / (3) / ian w in i	rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	encitory + Bleed; Ulce. 35 day
medical nedical burns; hysicia n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Epsteptiens. + Paraplegia
chief y a n Body the F tysicie	2/5/68 PERFORMED US Demoule	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
tal best; (2)	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner)	Wr obout 21C. WHERE DID (If in Boltimore City, give exact location) injury occur?
hospi nature ept w d (6) l		21F. HOW DID INJURY OCCUR?
x x bto	22. I certify that (D)(this haspital) attended the deceased fram	3/1 19 68 to 3/1/ 19 68
000.0	that (1) (we) last saw the deceased alive an 3/1/	WOONED DIVORCED DIVOR
0-00		
de de	23A. SIGNATURE	
E o c o c o c o c o c o c o c o c o c o	23C. PHYSICIAN'S	3D. ADDRESS Baltimore City Hospitals
certificate moody was release. (1) An accide. O.A. at a based prior to	NAME (Type) Stuart Beal Silver	Saac S. Poling Date And House of Death Date
A.O.O.A	REMOVAL (Specify)	
This certi the body shows: (1 was D.O. deceased	Burlal 3/14/68 Shaw Cemetery	
This certifithe body v shows: (1) was D.O.A deceased	MAD 1 4 1968 P. O. A 2. Faller	John J. Duda, 7922 Wise Ave. Dundalk, Md.
	VS 150-REV. 174788	



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DIRECTOR:

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(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET

BALTIMORE CITY HEALTH DEPARTMENT

68- 2892

CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED HERMAN ELDRINGH
HERMAN A. ELDRINGHOFF

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

HOFF			683.			
4. USUAL	RESIDEN	Where		lived.	If	ins

3/8/683-8-68	5	AN	:50 FM
RESIDENCE (Where deceased lived, If institution:	residence	before	odmissian)
B. COUNTY			

	hd.	MARYland - BAG	timore Cit
l	C. CITY OR TOWN	D. INSIDE CITY LI	MITS?

BACTIMORE E. STREET AND NUMBER

504 S. HAURN ST.

9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. Hours

WID OWED X DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR) done during most of working life, even if retired)

6. SOCIAL

LABORER

7. MARRIED NEVER MARRIED

WEST RINS, MISSOURI 14. MOTHER'S MAIDEN NAME

RECORDS:

USA

NO

12. CITIZEN OF WHAT COUNTRY?

BETWEEN ONSET AND DEATH

13. FATHER'S NAME

RETIRED

FULL NAME OF

MALE

HOSPITAL OR

INSTITUTION

5. SEX

ELDRINGHOFF JOSEPH 15. Was Deceased Ever in U. S. Armed Forces

ADDRESS OR LOCATION)

4940 EASTERN AVE..

HUGUSTA 7. INFORMANT

RODE Baltimore City Hospitals

(Yes, no or unknown) (If yes, give wor ar dates of service) SECURITY NO.

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not meon the mode of dying, e.g.,

heart failure, asthenia, etc. It meons the disease,

DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the

injury or complication which caused death.) ANTECEDENT CAUSES

UNDERLYING CONDITION last.

21401-9972 CAUSE OF DEATH 4940 EASTERN AVE. BALTO. MD. 21224 APPROXIMATE INTERVAL

MYOCARDIAL JUFARCTON 17 HOURS (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

42	0.1	I			
OTHER S	IGNIFICA	NTCON	OITIONS	CONT	RIBUTING
TO THE	DEATH I	BUTNOTE	ELATED T	O THE	TERMINAL
DISFASE	OR CON	DITION G	IVEN IN	PART 1	(A)

HYPERTENSION

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 415

1	WAS PERFORMED				
7					
21	A. ACCIDENT WAS UNDERLYING	21B.	PLACE	O.F	INJURY

22. I certify that 🖖) (this haspital) attended the deceased fram.

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? etc.)

(If in Boltimore City, give exoct lacotian)

OR CONTRIBUTING CAUSE OF DEATH (notify medical examined

21 E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY	(Manth)	(Doy)	(Year)	(Hour)
(APPROX.)				

While At Not While At Work Work

3/8

Staff

3/8 64 that (4) (we) last saw the deceased alive an and that in (my) (aur) apinion death accurred on the date and haur and fram the causes stated abave. (f) (We) (did) (didagnet) view the bady after death.

23A, SIGNATURE

258. NAME OF REGISTRAR

Attending [Phys. 23 C. PHYSICIAN'S NAME (Type)

Director Phys. 23 D. ADDRESS BALTIMORE C

Med

MENGEL C. 24A. BURIAL CREMATION, 24B.

OEGREE

REMOVAL (Specify) BALTIMORE NATIONAL CEM.

25C. FUNERAL DIRECTOR

5501 FREDERICK AVE, BALTO, MO

23B. DATE SIGNED

VS 150-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT.

physician the remains medical No physician Body chief the O (7) the where to the hospital nature; 9 approved (except and any of death) hospital accident 0 O prior to An ď deceased the body D.0 shows: OS

FUNERAL

before obtained pe must approval written

M W = 12/27/96 71

BULL C MUNICIPAL TURNSON

11 7 8 4

District States

62 h

J. H. Repress Smirall

MARUN C MENDER MO BALTIMORE CITY NEW TITLE

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	()	BALTIMORE CITY	HEALTH DEPARTMENT	6	8-2893		
1	V-620 68-	2893 CERTIFICA	TE OF DEATH	REG. NO.	2030		
	TH NO. AME OF DECEASED			HOUR OF DEATH			
(Тур	Norrio, Gert	rude EMMA.	3.13	. 68	6-40 AM.		
3. P	PLACE IN BALTIMORE, MARTLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceosed lived. If inst	titution: residence before odmission)		
FUL	LL NAME OF (IF NOT IN HOSPITAL OR II SPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Ballimore !	Maryland	E CITY LIMITS		
INS	HIUTION		Ballimore E. STREET AND NUMBER		YES NO NO		
3	6 Franklin Squar	e hospital	2708 WUK	ensave			
5. S	E I I	RIED NEVER MARRIED DIVORCED DIVORCED		AGE (In years t birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (State or foreign	country)	12, CITIZEN OF WHAT COUNTRY?		
done	House wife D	onestic	Marylar	nd	UISIA.		
13. [FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	Joseph A. Steffe		Emma S	Sieck.			
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	NO NONE	216059542	Chart				
	18.4-92 X I	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Cause D.	00.			
	(This does not mean the mode of dying,		SE Severe Pr	r. embu	ysorci.		
	heart failure, osthenio, etc. II means the dis injury ar camplication which coused death.)	eose,			U		
	ANTECEDENT CAUSES	(0)			7		
	DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF:				
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	(C)					
	527.1						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT						
AT	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A CROWN (V N.N.	000 10 400 1400 0	NO. CONCIDENT		
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)		
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, of etc.)	fice bidg., INJURY OCCUR?				
LLI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?			
8	(APPROX.)	While At Not While At Work					
	22. I certify that (1) (this haspital) attend	ded the deceased fram	1.7. 19	68ta	3. 13.1968.		
	22. I certify that (I) (this haspital) attended the deceased fram 1968 to 3.13 that (I) (we) last saw the deceased alive an 3.131968 and that in (my) (aur) apinlan death accurred						
and haur and fram the couses stated above. (1) (We) (dld) (did not) view the bady after deoth.							
			iew the bady after deoth.		238, DATE SIGNED		
	and haur and fram the couses stated aba	ve. (I) (We) (dId) (did not) v	iew the bady after death.				
	and haur and fram the couses stated aba 23A. SIGNATURE	ve. (I) (We) (dId) (did not) v Attention OEGREE Phys	iew the bady after death.	off			
	and haur and fram the couses stated aba 23A. SIGNATURE WBSI 23C. PHYSICIAN'S NAME (Type) De Muhamme	Attended and Afgall of Agrael	nding Med. St. Director Ph. 23D. ADDRESS	off off	3-13-68		
	and haur and fram the couses stated aba 23A. SIGNATURE WBSI 23C. PHYSICIAN'S NAME (Type) De Muhamme	Attended and Afgall of Agrael	nding Med. St. Director Ph. 23D. ADDRESS	aff Dys. 12 Page 14 Carlon (City	238. DATE SIGNED 3-13-68 LOSPILAL (, town, or county) (Stote)		
	and haur and fram the couses stated aba 23A. SIGNATURE WBSI 23C. PHYSICIAN'S NAME (Type) De Muhamme	OEGREE Physical A P Sall OEGREE	nding Med. St. Director Ph. 23D. ADDRESS	aff Dys. 12 Page 14 Carlon (City	3-13-68		

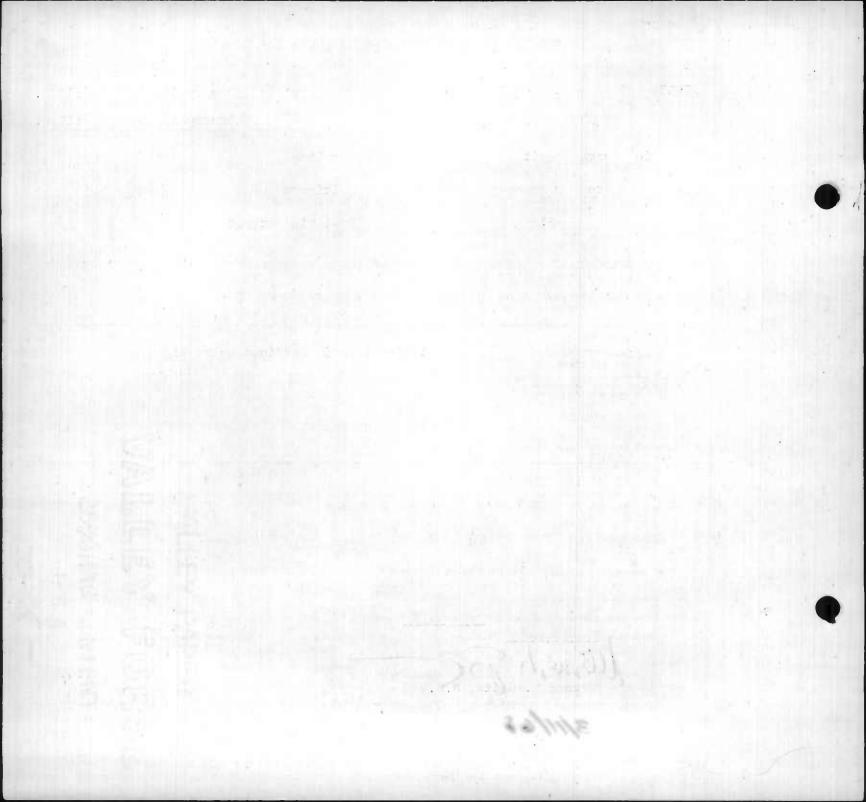
Franklin Sopia in 1975 Livery Deliver A. ... 49/03 64 Housewell Manyliams 2 DWW3 JOSEPH A STORE NO SHEFFER CHARL

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or Muhammad Aisas Francium Square harpers

H-252 68- 2894 BALTIMORE CITY HEALTH DEPARTMENT

	7 20		MEDIC	CAL	EXAMINER'S	SC	ERTIFI	CATE OF	DEAT	H REG. NO.	_ 68	- 28	94
	TH NO.	FACED					0 0 0 0 0					E.	
	NAME OF DEC	FAZED					2. DATE OF	Known X	Month	Doy	Yeor		
				ASKI			DEATH	Estimoted U		ary 16,			2 P.M.
					ONOUNCED DEAD		3. DATE	JNCED DEAD	Month	Doy	Yeor		
HO	L NAME OF SPITAL INSTITUTION	ADDRI	ESS OR LOCATIO	OR INSII	TUTION, GIVE STREET			ESIDENCE (Where		iary 16,			2 P. _{M.}
			re Hospi	tal			A. STATE Mar	yland		B. COUNTY		1800	OF
6.	SEX	7. RACE	В.	MARRIE	D NEVER MARRIED		C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS	3	
P	Male	Negr		VIDOWI			Ra 1	timore		V	ES X	MOT	
_	DATE OF BIRTH		10. AGE (In ye	eors	If Under 1 Yr. If Under 24	Hrs.				'	נא פיי	440 🖂	
			lost birthdoy) 51		Aonths Doys Hours	Min.	104	1 Vine St	reet				
11.	BIRTHPLACE (S	tate or forei	gn country)	1	2. CITIZEN OF WHAT COUNTRY?		13. FATHER					15.4	
			1. 1.4. 17.45										
don	e during most of w	PATION (Giver or king life, ev	ve kind of work 14t ven if retired)	S. KIND	OF BUSINESS OR INDU	STRY	15. MOTHE	R'S MAIDEN NAI	ME				
			U.S. ARMED F		17. SOCIAL SECURITY NO.		18. INFOR	MANT		A	DDRESS		
	19-1	2.9			CAUSE OF	DEAT	TH					APPROXIMATE	
	DISEAS	E OR COND	DITION DIRECTI	Y	Arter	ios	clerot	ic Cardio	vascu1	ar Disea			
		LEADING TO			(A)IMMEDIA								
			mode of dying		DUE TO,	OR A	S A CONSEQ	UENCE OF:					
ľ			ich coused de oth.										
	AA	NTECEDENT	CAUSES		(a)						-		
	DISEASES	OR CONDITI	ONS, IF ANY, G		DUE TO,	OR A	AS A CONSE	QUENCE OF:					
	RISE TO THE		USE (A) STATIN	G THE									
NO O					(c)								
MT	OTHER SIGN	FICANT CO	II NDITIONS CON	ITRIBUTI	NG						51		
CERTIFICATION	TO THE DEA	ATH BUT NO	T RELATED TO THE	E TERMIN						**********		********	
ERT	20A. DATE OF	OPERATIO	N 208. COND	ITION F	OR WHICH OPERATION	AW P	S PERFORM	IED			21. AUT	OPSY? (Yes	or No)
	0											No	
X		NAL CAUSE		2	28. PLACE OF INJURY	e.g., i	in or obout 2	2C. WHERE DID	(If in Boltime	ore City, give ex	oct locotion		
EDICAL	UNDERLYING UTING CA			h	ome, form, foctory, street,	office	bldg., etc.)	NJURY OCCUR?					
Σ			Doy) (Year)	(Hour)	22E.INJURY OCCURR	RED	2	2F. HOW DID IN	JURY OCC	UR?	- 1		
7	(APPROX.)					NOT Y	WHILE						
	23.			-	II. WORK	AI TT							
	1 cert	ify that I h	neld on Inq	uiry 🗌	Inspection X	Aut	opsy 🗌	and that on t	his bosts,	deoth in my	opinion		
	result	ed from: h	Natural couse	s X	Accident Su	icid	e 🗌 H	omicide	Undeterm	ined monner			
		1.1	12	1				CHIEF MEDICAL I	EXAMINER				
	ACTUAL	10- 16	USNIS,	h -	TON	14.0	ASSI	STANT MEDICAL I	EXAMINER	XX		DATE SIC	SNED
	SIGNATU		Worner II	C+6	itz, M.D.	M.D.		CIATE MEDICAL E	EXAMINER			2/17/	68
	NAME (T	ype)		. 510	5 H.D.			makes are to see the of the terms.	UVSI	OFM	ARY	LAND	
	A. BURIAL CREA MOVAL (Specif		24B. DATE	1	24C. NAME of CEMET	ERY o	or CREMATO	240.	LOCATION	(City, tow	n, or count	ty) (Si	ote)
	opecii	11	3/11/	61			TOH	NS HOPE	KINS	MEDIC	AL S	SCHO()]
25.	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	ME OF REGISTRAR			FUNERAL DIRECT	STATE OF THE PARTY		ADDRESS	IN CHAIN	
	MAR 14	1368	B. D. Ar	8,9	Fallow MA		13	MORTUA	KY :	SERVIC	E	BCHID	



IMPORTANT DIRECTOR: FUNERAL

REG. NO. CERTIFICATE OF DEATH af death etermined cause; (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) an a haspital death. 4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY 3. PLACE IN BALTIMORE MARYLAND. attendance cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN 0 prior contributing occurred disposition is made regular 5. SEX 9. AGE (In years 6. RACE 8, DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy deceased WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death 1-10USEWIFE VIRGINIA 14. MOTHER'S MAIDEN NAME (4) Und MOS the death 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance AREVST. #23 CAUSE OF DEATH 9 pranaunce DISEASE OR CONDITION DIRECTLY embalmed af LEADING TO DEATH fracture (This daes not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, the chief medical examiner regular COMPLICATING injuly or complication which coused death,) CHRONIC PYELONEPHRITIS

DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES wha the remains are DISEASES OR CONDITIONS, if ony, giving to the abave couse (A) stoting the UNDERLYING CONDITION last. physician medical Was 600,0 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED 120 befare 3 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 210. WHERE DID where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? Na haspital MEDICAL DEATH (notify medical examined nature; by be abtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 appraved (except While At [Not While (APPROX.) and Work At Work ta the any 19 68 22. I certify that (1) (this hospital) attended the deceased from 26-Fel19 68 that (1) (we) last saw the deceased olive an... haspital death) ond haur ond fram the causes stated obave. (1) (We) (did) (did pat) view the bady after death. must accident the bady was release 23A. SIGNATURE Attending | Shaff Med. 4 Phys. Director L appraval O 23 C. PHYSICIAN'S deceased priar certificate ŧ NAME (Type) was D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) shows: 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

BETWEEN ONSET AND DEATH ACUTE & 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) 21F. HOW DID INJURY OCCUR?ond that in (my) (our) apinian death accurred on the date 238, DATE SIGNED

lived. If institution; residence before

If Under 1 Yr.

If Under 24 Hrs.

Hours

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

D. INSIDE CITY LIMIT

80/2/5

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (excent where the necessity).

77-21	200	0000	BALTIMORE CITY	HEALTH DEPARTMENT		CR-	2896
R-210) 65	- 2896	CERTIFICA	TE QF DEATH	REG. NO	00	2000
I. NAME OF DECI		IGSBE	E	2. DATE AN	ND HOUR OF DEATH	68	
FULL NAME OF HOSPITAL OR INSTITUTION	imore maryland, w (IF NOT IN HOSPIT Baltimore Cit 1940 Eastern	AL OR INSTITUTION OF THE PROPERTY OF THE PROPE	on, give street . 1s	A. USUAL RESIDENCE (Whe A. STATE B. COUN C. CITY OR TOWN BACT (MORE E. STREET AND NUMBER	ITY , [D. INSI	IDE CITY LE	8-Or
	Baltimore, Mar	yland 212	.24	5 N. CAR	e4 57.	2.	1223
5. SEX Emale	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-13- 1913	9. AGE (In years last hirthday) 55	If Under Months	Doys Hours M
	PATION (Give kind of work vorking lite, even if retired)	10B, KIND OF BU	ISINESS OR INDUSTRY	North Carolia			U.S.A.
13. FATHER'S NAM	Ralph			14. MOTHER'S MAIDEN NA	Mary		
5. Wos Deceosed (Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? 16	SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
				Records: BCH-49	40 Eastern A	venue	21224
DISEASES C	plication which caused ANTECEDENT CAUSES OR CONDITIONS, it above cause (A) CONDITION last,	ony, giving	(B). He DUE TO, OR AS	PATIC FAILC A CONSEQUENCE OF	Re		1 Week
F TO THE DEAT	II CANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198. CON WAS PER	HE TERMINAL IT 1 (A). IDITION FOR WHI	ICH OPERATION	20 A. AUTOPSY? (Yes or No	0) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF D	CONSIDERED DEATH?
OR CONTRIBU	TING CAUSE OF medical examiner	21B. PL. home, etc.)	ACE OF INJURY (e.g., form, foctory, street, o	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	e City, give	e exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	(Hour) 21E. IN While Work	At Nat Whi		URY OCCUR?		
that (1) (we)		ed olive an	Wel (did) (Nid not)	19 68 and the view the body ofter death.	19 G ta		th occurred an the
23C. PHYSICIA NAME (T	ms , ms	engel	A.D DEGREE Phy	rs. Director L	stern Avenue	Balti	imore, Mary
MATE 24A. BURIAL CREA REMOVAL (S	MATION, 248, DATE ipecily) 3/7/6	68	E OF CEMETERY OF AR	MATERITY M	EDICAL S	RYI!	110) 2122 (St
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF	REGISTRAR U	MORTUAR	Y SERVIC		BCHD

HOOL BCHD UNIVERSITY ME MORTUARY SERVICE

Far Bound

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and the state of t

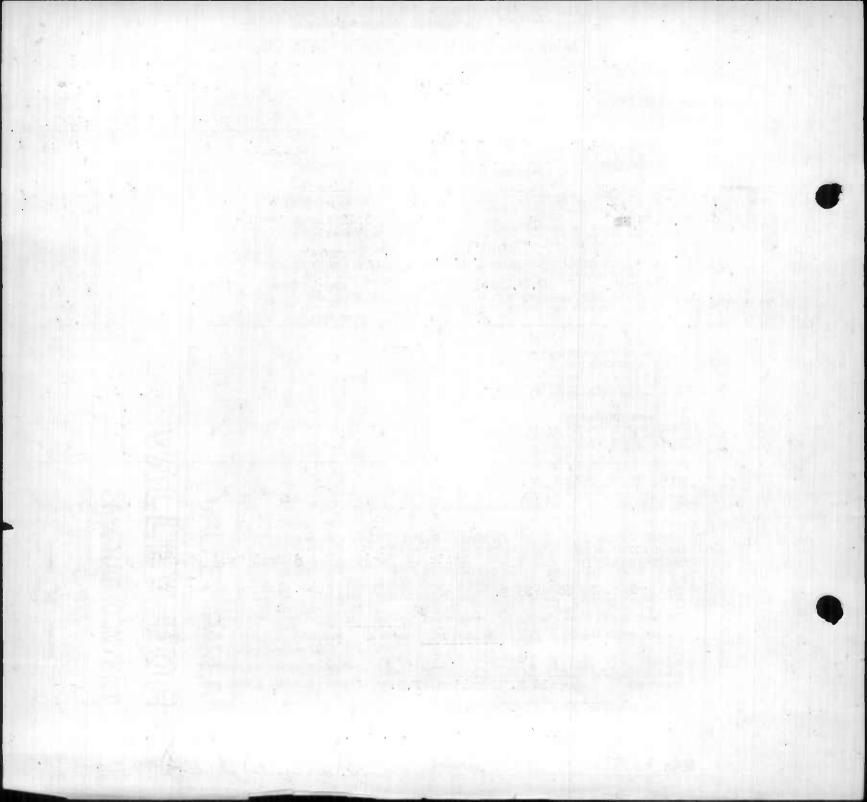
all James a mount

MARKETTA C ANGHOLON BALTIMURE T. T. H. ...

87/4/6

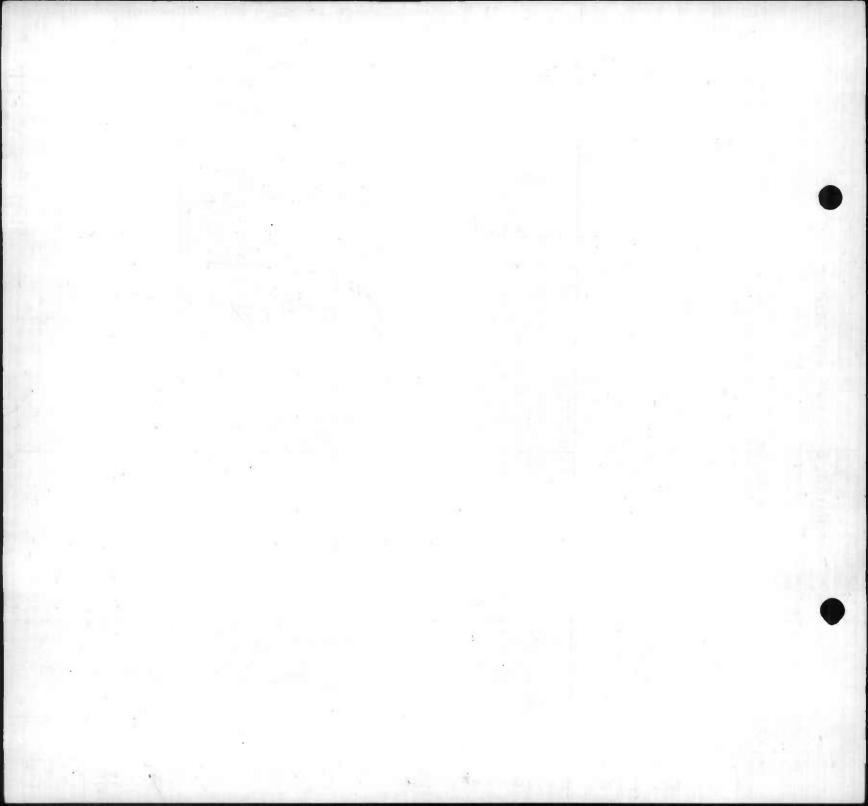
1,1 200	68- 2897 BALTIMORE CITY HEALTH DEPARTMENT
00-500	MEDICAL EXAMINER'S CERTIFICATE OF DEA

BIRTH NO.	CAL EXAMINER 5	CERTIFICATE OF DE	AIH REG. NO. DOT 2091
). NAME OF DECEASED		2. DATE Known Man	
(Type or Print) WOODROW	WHITE	OF DEATH Estimated	March 7, 1968 7:15 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WI		3. DATE Man	th Day Year Hour
HOSPITAL ADDRESS OR LOCATI	L OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	March 7, 1968 7:15 P. M
SOUTH BALTIMORE	GENERAL (DOA)	5. USUAL RESIDENCE (Where deceo A. STATE Maryland	sed lived. If institution: residence before odmission) B. COUNTY
6. SEX 7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male Negro	WIDOWED DIVORCED	Baltimore	YES 🛛 🖟
9. DATE OF BIRTH 10. AGE (In	years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	115 25 1101
	Months, Days, Hours, Min.	3312 Royce Avenue	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
V.a.	WHAT COUNTRY?	Earmest Watt	
14A.USUAL OCCUPATION (Give kind of work) 1-	48. KIND OF BUSINESS OR INDUSTR		
done during mast of working life, even if retired)	.O.Coal Yard	Henrietta	White
THE PERSON STORY IN THE PERSON AND ADDRESS.	FORGES III COOLL	IB. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates o	service) SECURITY NO. 217 16 40/31	Almorean White	e ,Baltimore. Md.
19. g // V	CAUSE OF DEA		APPROXIMATE INTERVAL
E1101	Asphyxi	а	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIREC			
(This does not mean the mode of dyin	ng, e.g., (A)IMMEDIATE	AS A CONSEQUENCE OF:	
heart failure, osthenio, etc. It means the injury ar complication which caused deat	h.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY,	GIVING (B)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATI			
2 UNDESCHING CONDITION LAST.	(C), a = = = = = = = = = = = = = = = = = =		
E E 9 2 5 X	ALTERIORIES AND		
OTHER SIGNIFICANT CONDITIONS CO	THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PA 20A. DATE OF OPERATION 20B. CON		AC DEDECORATO	21. AUTOPSY? (Yes ar Na)
O STERNION 200. CON	Dillow For Which OPERATION W	AS PERFORMED	21. AUTOPSTY (168 UT NU)
▼ 22A. EXTERNAL CAUSE WAS	220 DI ACE OF INITIDY	, in ar about 22C. WHERE DID (il in Bo	
()	hame, form, factory, street, offi	ce bldg., etc.) INJURY OCCUR?	The state of the s
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year)	Railroad Y		ard Curtis Bay
OF INJURY		WHILE TO Subj buried	
(APPROX.) 3 7 68 6		WHITE Subj. buried	under coal
23.		. 🖪 = 1.0	
			isis, death In my opinion
resulted from: Notural caus	Accident X Suici		termined monner
ACTUAL (1/2)	11/1	CHIEF MEDICAL EXAMI	DATE SIGNED
SIGNATURE_	VI Feer M.	D. ASSISTANT MEDICAL EXAMI	
EXAMINER'S Ronal NAME (Type)	d N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMI	NER
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	ar CREMATORY 24D. LOCA	TION (City, tawn, ar county) (State)
REMOVAL (Specify) Burial 3/17	/68 Wharton M.M	Com	al car Vo
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C UNERAL DIRECTOR	ADDRESS
	5 8, Farleyma	Daniel.	Sacy Dew Church Va-
VS 151-REV. 1/1/6B		7	



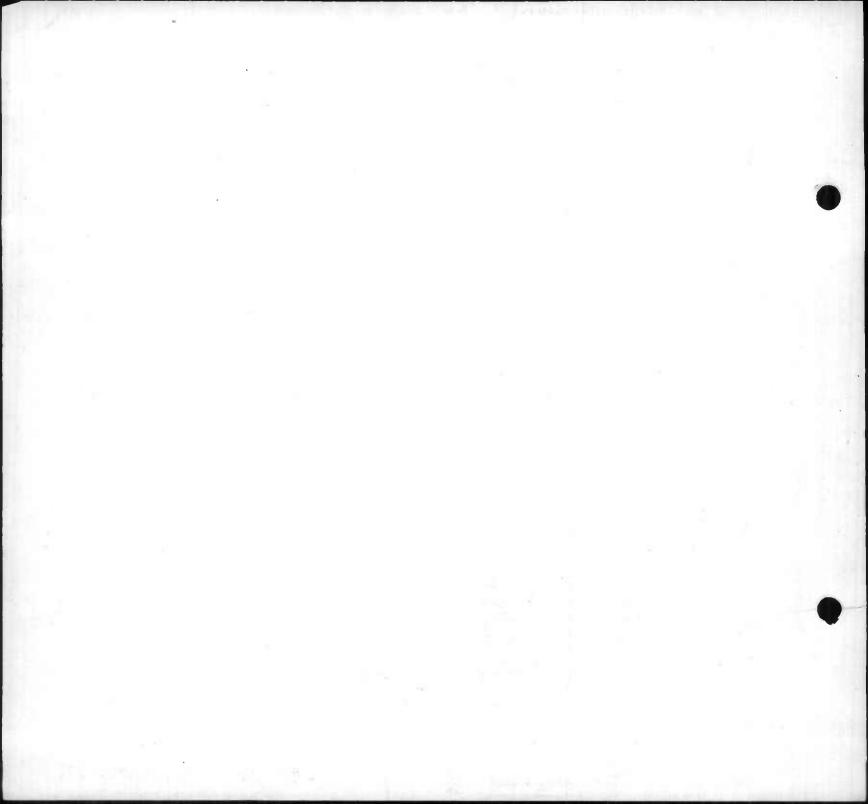
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		HEALTH DEPARTMENT	68- 2898
	68 2898 CERTIFICA	TE OF DEATH REG. NO.	00- 2000
	ITH NO.	D DATE AND HOUR OF DEA	
(Ту	pe or Print) CHANEY, ESTHE	R 2. Date and hour of Dea March 12	68 11-25 M.
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
HC	LL NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD Baltimore	INSIDE CITY MITS
15	Franklin Square Hospital	E. STREET AND NUMBER 3/7 // Mount	ST
S. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
6	Secural Midowed DIVORCED DIVORCED DIVORCED DIVORCED	Oct 9-1913 lost birthdox	12, CITIZEN OF WHAT COUNTRY?
don	de during most of working life, even if retired)	Mary bud	U, S, A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
0	ONN PayNE anknown	floron whenown	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	ann Hany 317	n manuf St
	18. 2 CAUSE OF DEAT	1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	D111 411 221	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	SE PULMOHARY KOI	EMA
	This does not mean the mode at dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
	injury or complication which caused death.)	ZAL STENOJIS	
	ANTECEDENT CAUSES		
		A CONSEQUENCE OF:	
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)		
	4/04 11		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WE	RE FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	X IN CERTIFYING	CAUSES OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in large of the control	n or obout 21C. WHERE DID (If in Balt ince bldg., INJURY OCCUR?	imore City, give exoct locotion)
100	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
MEDI	OF INJURY (APPROX.) While At Not Whil	e 📑	
	Work L At Work	3 01 78 112	53 13 18
	22. I certify that (I) (this haspital) attended the deceased fram	3-11-68 1960 19/7	
	that (1) (we) last saw the deceased alive an	19	apinian death accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did nat) v	iew the body after death.	
	23A. SIGNATURE		23B, DATE SIGNED
	Mak Joong Du DEGREE Phy	Med. Staff Director Phys.	3-12 68
		23D. ADDRESS	
	Nak Tears In	Hranklin Square	HOSPITEL
24/	A BURIAL CREMATION, 248. PATE 24C. NAME of CEMETERY of CRI	MATORY 24D. LOCATION	(City, town, or county) (State)
K	MININA 3/16/68 met AUBURA		D
25			ADDRESS
23/	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	NGILMON St
VS	150-RMAR 1 4 1968 Roub E. Farleyra	101 0000 608	N 6/WHIVIO -O



00 000	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2899
68- 2899	CERTIFICA	TE OF DEATH	REG. NO	00 6000
BIRTH NO.	GERTII 107		HOUR OF DEATH	
(Type or Print)	0 1			7/1"
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	BIRG	4. USUAL RESIDENCE (Where	deceased lived. If ins	titution; residence before odmission)
3. PLACE IN BALLIMORE, MARILAND, WHERE PRONOUN	CED DEAD	A. STATE B. COUNT	1	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	ION, GIVE STREET	MARYLA	ND	
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN		DE CITY LIMITS?
10		DAltiMon	2 / "	YES
48 MARYLAND G	ENEXAL	E. STREET AND NUMBER		. +
		18 5.	ROGINS	on 17
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years st birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
FEMALE CAUC WIDOWEDR	DIVORCED	8/4/87	K O	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF		11. BIRTHPLACE (State or foreign	/1 -	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		BALL	MINE	11 (4
Househife		7		U.SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
TOLN Ruth		Christ	ina 1	11/12K
	6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	0	. /	1-
No	2/3-54-172	o / him	a chi	APPROXIMATE INTERVAL
18. 4 12 9	CAUSE OF DEAT	1		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0.		11 2
(This does not meon the made of dying, e.g.,	(A) IMMEDIATE CAL	SE CARDIAC	DECOMPENI	SATION UAYS
heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		,
injury ar camplication which coused death.)		4		
ANTECEDENT CAUSES	(R)	ASCUD A CONSEQUENCE OF:		years
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(6)			
	(C)			***************************************
Z 4 2 2 1/ 1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED	THE TENATION	1/0	IN CERTIFYING CAL	ISES OF DEATH?
	LACE OF INTIDY (a.a.	n or obout 21 C. WHERE DID	(If in Rollimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home,	lorm, factory, street, o	fice bldg., INJURY OCCUR?	(ii iii bolliiilole	
U				
U OF INJURY	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX) While	At Work			
			6 7 ta	3-12 19 68
22. I certify that ((this haspital) attended the	_			
that X(we) last saw the deceased alive an			in (aur) apir	nian death accurred an the date
and haur and fram the causes stated abave. (1)	(We) (did) (did)	riew the bady after death.		
23A. SIGNATURE			4 1	23B, DATE SIGNED
1 - C W/1-1-	DI.		hy s.	3-12-68
23C. RHYSICIAN'S	UEGREE	23D. ADDRESS		
NAME (Type) - D. Col.	•	MARYLA	ND GO	NERAL
C-E. 1/2/6/10	□ GEGREE		3 /	
REMOVAL (Specify)	ME of CEMETERY OF CR	EMATORY 24D 0	CATION (Cit	y, town, or county) (Stote)
DURIA 3/15/68 New	vCH Thed;	RALCEUL. BA	2 170. 1	90.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		0.0	1 4 4 4 4	D / 21-

Robert E.



This certificate must

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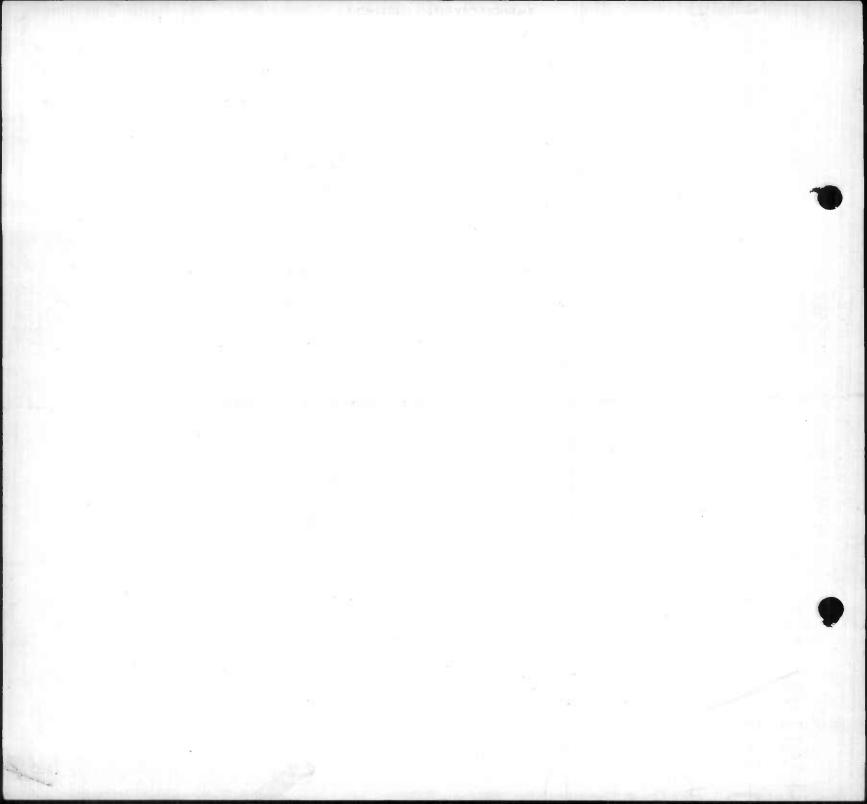
deceased was D.O.

0

4

(4) Undetermined cause; (5) Deceased Such of death uo a hospital attendance contributing cause prior is made regular deceased disposition Mas the death UO attendance 0 embalmed o fracture the chief medical examiner gular 9 before the remains are (3) physician Mas No physician the 0 (2) where to the hospital nature; be obtained 9 be approved (except and any death) hospital

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) Charles Louis 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ud (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY UMITS Baltimo NO YES 3 loso of B. DATE OF BIRTH 9. AGÉ (In yeors S. SEX 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours WIDOWED IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WESTINGHOUSE INSPECTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES MAUDE IS. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. WW 213-10-0375 BETWEEN ONSET AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart loilure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving to the above cause (A) stoling the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (this hospital) attended the deceased from that (We) lost saw the deceased alive on and that in (our) opinion death occurred on the date and hour and from the causes stated above. (L'(We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Staff approval Director L 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) cloLutheran 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 24B. REMOVAL (Specify) 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/6B



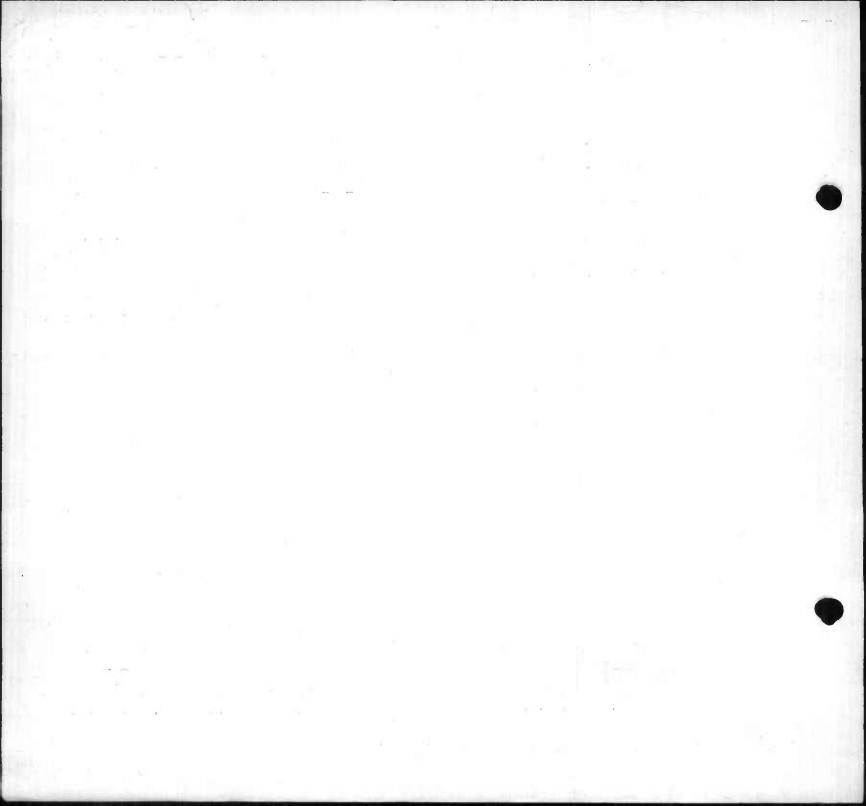
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de	PE
e e	400
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	00
Va	pri
# 1	d d
b()	Se n
b S W	ed tte
this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the seceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	68- 2901 BALTIMORE CITY HEALTH DEPARTMENT 68- 2901
	CERTIFICATE OF DEATH
	BIRTH NO.
	(Type or Print) HILL DORETHY 3.11.68 11:55 p.N
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before oddission) A. STATE 8. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
	Balt and
	Lutherace Hospital E. STREET AND NUMBER 2450m Str. 21217
	Fer 6. RACE 7. MARRIED NEVER MARRIED 11.13-15 9. AGE (In years lost birthday) Min. Months Ooys Hours Min.
	10A. USUAL OCCUPATION(Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Add.
	Edw. CHAPMAN CHAPMAN CHARLOTTE GANNT
1	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) lift yes, give wor or dotes of service) SECURITY NO. 2/2-28-2397 Richard Hill (Son) SAME
	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) IMMEDIATE CAUSE ACUSE LUCIONARY ROLLING
	(This does not meon the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECH ALTERIA A
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. (C) Augo wardi et water
	z 4.20, / II
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	22. I certify that (I) (this haspital) attended the deceased from 30 11.68 19 to 3.11.68 19
	that (1) (we) last saw the deceased alive an 5.11.68 19 and that In(my) (aur) apinian death accurred an the dat
	and have and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE
	Attending Med. Staff 3 11 68
	23C. PHYSICIAN'S NAME (Type) AIR Ut BAFE) RID 23D. ADDRESS HILLIAM HOS hital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	BUR, Al 3-15-68 HRBUTUS Mem, FK. 1-ABUTUS, Md.
	MAR 14 1968 CALLOUN ST. 1250. FUNERAL DIRECTOR KELSON FUNERAL HOME 1348 CALLOUN ST.

A TOTAL MARKETON

51-09-66 LB

	5-525 68- 2902 CERTIFIC	CITY HEALTH DEPARTMENT REGINO. 68- 2902		
	SIRTH NO. 68- 2902 CERTIFIC	CATE OF DEATH		
- 16	1, NAME OF DECEMBED DAYLOS TOPOSCHAF	RLES JOHNS ON 2. DATE AND HOUSE OF BATH 68 3:10PM		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)		
		MARYIA ND 0, 0, 6 52-10		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
	BALTIMORE CITY HOSPITALS	ANNAPOLIS YES NO X		
	4940 EASTERN AVENUE	E. STREET AND NUMBER		
	BALTIMORE, MARYLAND 21224	920 CENTRAL STREET #21400		
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED SEPTEMBER MAIE NEGRO WIDOWED DIVORCED	B. DATE OF BIRTH 11-11-14 9. AGE (In years lost birthdoy) 11-11-14 9. AGE (In years Months Doys Hours Min.		
	10A, USHAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS			
	done during most of working file, even if retired)	MARYIA ND U.S.A.		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	JOHN H. JOYNSON	CHARLOTTE PACK		
	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	RECORDS: BALTIMORE CITY HOS PITALS		
	18. CAUSE OF D	72 4940 EASTERNAVE, BALTO, MD. 21224		
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	CAUSE HOLINOCA reinoma Pecha- 1 (mo		
		AS A CONSEQUENCE OF:		
	injury or complication which caused death.)			
	ANTECEDENT CAUSES (B)			
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OI rise to the above cause (A) stoting the	R AS A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost. (C)			
	_ 154 x II			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
	DISEASE OR CONDITION GIVEN IN PART I (A).	20A. AUTOPSY? (Yes or Nol. 20B. IF YES, WERE FINDINGS CONSIDERED		
	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?		
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c) OR CONTRIBUTING CAUSE OF home, form, foctory, street	e.g., in or obout 21 C. WHERE DID (If In Baltimore City, give exact location)		
	OR CONTRIBUTING CAUSE OF home, form, foctory, stree	et, office bldg., INJURY OCCUR?		
	O 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
	While At Not	While		
	VVORK AT V			
	22. I certify that (1) (this hospital) attended the deceased from	19 to 3/ T/ 19		
	that (I) (We) lost sow the deceased alive on	ond that in (my) (our) spinion death accurred on the date		
	ond hour and from the couses stated above. (1) (We) (did) (did no	ot) view the body ofter death.		
	12/hu4 M 7L//-MA	Attending Med. Staff 77 3_1_68		
	TOPOUT ITALI III	Phys. Director Phys.		
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESALTIMORE CITY HOSPITALS		
		GREE 4940 EASTERN A VE. BALTO, MD. #21224		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D, COCATION (City, fown, or sounty) , State)		
	Bungl 311-198 Dane 0	HOUN CAMADOUS MILL.		
	MAR 1 4 1968 (R. O. FT & TOLORS	25G. FUNERAU DIRECTOR PORT ADDRESS		
:	49000 - 4000	Wellam Health Willing		
	VS 150-REV. 1/1/68			

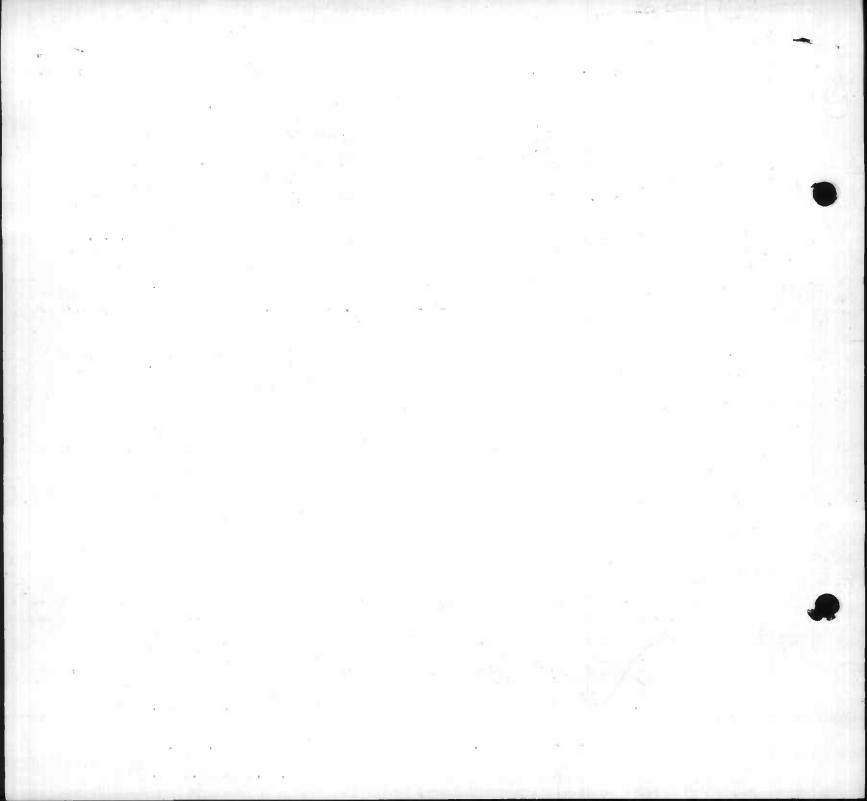


1	1		-	4	3
this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	e body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approved much be obtained before the semaine are ambalmed or final disposition is made
his	he	hov	SD	ece	40.00
F	=	S	3	O	3

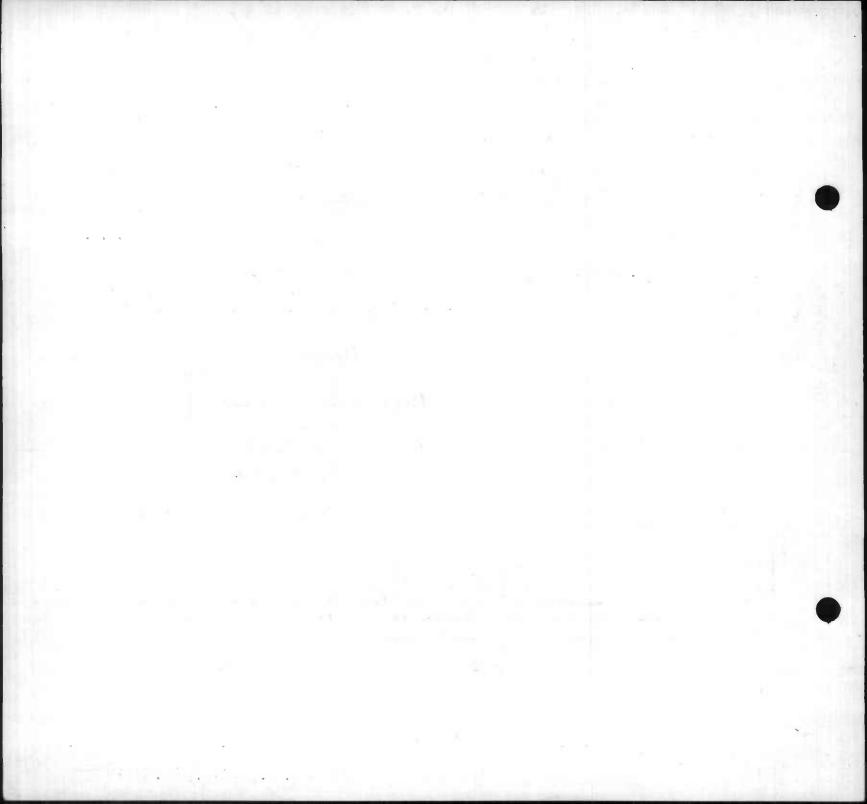
VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	00	12000	CERTIFICA	TE OF DEATH	KEG. 140	
1. NAME OF DE	CEASED				ND HOUR OF DEATH	
(Type of Phin)	eorge H. Heath			3/12/68 3:00 A.		
	LTIMORE, MARYLAND, WH	ERE PRONOUNC	CED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If i NTY	nstitution: residence before admission
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPITAL	L OR INSTITUTIO	ON, GIVE STREET	Maryland c. CITY OR TOWN	Balto.	SIDE CITY LIMITS!
	s Convalescent	Home		Baltimore		YES NO
90) 5313	Edmondson Ave.			E. STREET AND NUMBER		
	more Maryland			5313 Edmonds	on Ave.	
5, SEX		· MARRIED	NEVER MARRIED	B. DATE OF BIRTH1871	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
M		WIDOWED	DIVORCED	March 12, 1968	10st birthday)	Months Doys Hours Min.
	CUPATION (Give kind of work)	OB, KIND OF BU	SINESS OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COUNTS
	of working tile, even if retired)			16		II G A
Ret1	red Clerk			Maryland 14. MOTHER'S MAIDEN NA	445	U.S.A.
S, FAIHER 3 N.	MINE			14. MOTHER 5 MAIDEN NA	TWE	
S. Wos Deceos Yes, no or unknow	ed Ever in U. S. Armed Force	of service)	SOCIAL SECURITY NO.	17. INFORMANT	4271	East Linda Drive
		2	20-14-8668	Mr. George H.	Heath Port	Clinton, Ohio 4345
1B. /	0.0		CAUSE OF DEAT			APPROXIMATE INTERVAL
UNDERLYINZ 422	the obave cause (A) some CONDITION lost.		(c)			
TO THE DE	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL 1 (A).	CII OBERATION	120 A ANY OPENS (V A	LAN COR LE MES LIERE	SINDINGS CONCIDENT
E O DATE O	OF OPERATION 198. COND WAS PERFO		CH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
_ OR CONTRI	BUTING CAUSE OF fy medical examiner	21 B. PL/ home, etc.)	ACE OF INJURY (e.g., torm, foctory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(tf in Boltima	re City, give exact location)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E. IN	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While Work	At Work			
22	y that (I) (Thickholpfifel)				19 53 to Ma	rch 19 68
that (1) (W	Clast saw the deceased	alive an	March 9	19 68 and t	hat in (my) (abr) op	inlan death accurred an the do
		d abave. (1) (3	KS) (qiq) (ADEXPRE)	view the bady after death.		
23A. SIGNA	URE					23B. DATE SIGNED
22C PHYSIC	The first	m	DEGREE Phy	ending Med. pirector 23 D. ADDRESS	Staff Phys.	March 13,1968
23C, PHYSIC NAME					D.J. Doll	. Namuland
	r. Leo Gaver	10.40 11.1.1	GEGREE			o. Maryland
REMOVAL	(Specify) 24B. DATE	24C, N AMI	E of CEMETERY OF CR	EMATORY 24D.	LO CATION (C	ity, town, or county) (Stote)
Buri						
		Mt.	Olivet Ceme	etery	Balto. Md.	
25A. DATE REC		5B. NAME OF	Clivet Ceme	25C. FUNERAL DIRECTO		ondson Aveme



	AME OF DECEASED			TE OF DEATH	ND HOUR OF DEAT	Н
Тур	De OF Print) MARGARET	M. 5	MIT	MAR	CH 13, 196	8 2:35 /
3. 1	PLACE IN BALTIMORE, MARYLAND,			4. USUAL RESIDENCE (WH	ere deceased lived. If NTY	institution: residence before admiss
FU HO	LL NAME OF (IF NOT IN HOS) DISPITAL OR ADDRESS OR LO	PITAL OR INSTITUTE	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	Baltol C	SIDE CITY LIMITS?
	MERCY HOSPIT	AL IN		2002 02 1100 O	229	YES NO
5		,		E. STREET AND NUMBER		
				4611 Wilkens		
5. S			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	It Under 1 Yr. It Under 24 I Months Doys Hours Min
.0.4	Female W USUAL OCCUPATION (Give kind of w	WIDOWED		April 15,1909	58	12, CITIZEN OF WHAT COUN
don	e during most of working life, even if retired		L BOSHAESS OK HADOSIKI	III. BIKINILAGE (Store of To	leigh Country/	
	Secretary			Mary land		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
P	atrick T. Sullivan			Mary Ellen S	ullivan	
	Was Deceased Ever in U. S. Armed s, no or unknown) (If yes, give wor or d	Forces?	1 6- SOCIAL SECURITY NO.	17. INFORMANT		utus Avenue
(100	no	0103 01 30111007	212-28-2321	Thomas Sulliva		e, Maylam 21227
-	18. / / / / / /		CAUSE OF DEAT		.,	APPROXIMATE INTERV
	ANTECEDENT CAUS DISEASES OR CONDITIONS, it is to the obove cause (AUNDERLYING CONDITION lost.	fany, giving	,	A CONSEQUENCE OF:	TEART DI	3-4 YRS
CATION	DISEASES OR CONDITIONS, in the sise to the obove cause (A UNDERLYING CONDITION lost. L/ 20, / II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION SELATED TO DISEASE OR CONDITION GIVEN IN F	f any, giving A) stating the CONTRIBUTING THE TERMINAL PART 1 (A).	(c) INFARC	TION OF RIGHT	- KIDNEY	
RTIFICATION	DISEASES OR CONDITIONS, in the second of the	f any, giving A) stating the CONTRIBUTING THE TERMINAL PART 1 (A).	(c) INFARC		- KIDNEY	3 3-4 YRS EFINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFICATION	DISEASES OR CONDITIONS, in the second of the	f any, giving A) stating the CONTRIBUTING D THE TERMINAL PART I (A). ONDITION FOR PERFORMED	(C)	CION OF RIGHT	No) 208. IF YES, WER	E FINDINGS CONSIDERED
EDICAL CE	DISEASES OR CONDITIONS, in the second of the obove cause (A UNDERLYING CONDITION lost). UNDERLYING CONDITION lost. UNDERLYING CONDITION lost. TO THE SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOR CONTRIBUTION LOST CONTRIBUTION LOST CONTRIBUTION CAUSE OF DEATH (notify medical examinet) 21 D. TIME (Month) (Day) (Yeven the contribution of t	f any, giving A) stating the CONTRIBUTING D THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho etc or) (Hour) 21	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, o) E. INJURY OCCURRED	20A. AUTOPSY? (Yes or P YES n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
ICAL CE	DISEASES OR CONDITIONS, in the second	f any, giving A) stating the CONTRIBUTING D THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho etc on) (Hour) 21	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, o)	20A. AUTOPSY? (Yes or P YES n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
EDICAL CE	DISEASES OR CONDITIONS, in the second of the obove cause (A UNDERLYING CONDITION lost.	f any, giving A) stating the CONTRIBUTING D THE TERMINAL PART 1 (A). ONDITION FOR PERFORMED 21 ho etc on) (Hour) 21 W	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, o) E. INJURY OCCURRED hile At	20A. AUTOPSY? (Yes or I) 20A. AUTOPSY? (Yes or I) 21E. WHERE DID 21F. HOW DID IN	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
EDICAL CE	DISEASES OR CONDITIONS, in the second	f any, giving A) stating the CONTRIBUTING D THE TERMINAL PART I [A]. PERFORMED 21 ho etc oi) (Hour) 21 W W	WHICH OPERATION B. PLACE OF INJURY (e.g., imme, form, foctory, street, oc.) E. INJURY OCCURRED hile At Not While ork At Work	20A. AUTOPSY? (Yes or I YES n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? YES note City, give exact location)
EDICAL CE	DISEASES OR CONDITIONS, in the control of the condition lost. UNDERLYING CONDITION lost. UNDERLYING CONDITION lost. UNDERLYING CONDITION lost. I OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOR A CONTRIBUTION LOST OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21 D. TIME (Month) (Day) (Yes OF INJURY (APPROX.) 22. I certify that (1) (this hospithat (1) (we)-lost saw the decedent of the control of the contro	f any, giving A) stating the CONTRIBUTING D THE TERMINAL DART 1 (A). ONNDITION FOR ERFORMED 21 ho etc on) (Hour) 21 W W tel) ottended osed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, torm, loctory, street, only) E. INJURY OCCURRED hile At Not While ork At Work the deceased from F	20A. AUTOPSY? (Yes or I) 20A. AUTOPSY? (Yes or I) VES n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN	No) 20B. IF YES, WER IN CERTIFYING COUR?	E FINDINGS CONSIDERED AUSES OF DEATH? YES note City, give exoct location)
EDICAL CE	DISEASES OR CONDITIONS, in the second	f any, giving A) stating the CONTRIBUTING D THE TERMINAL DART 1 (A). ONNDITION FOR ERFORMED 21 ho etc on) (Hour) 21 W W tel) ottended osed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, torm, loctory, street, only) E. INJURY OCCURRED hile At Not While ork At Work the deceased from F	20A. AUTOPSY? (Yes or I) 20A. AUTOPSY? (Yes or I) VES n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN	No) 20B. IF YES, WER IN CERTIFYING COUR?	E FINDINGS CONSIDERED AUSES OF DEATH? YES Note City, give exoct location)
EDICAL CE	DISEASES OR CONDITIONS, in the country of the count	f any, giving A) stating the CONTRIBUTING DIHE TERMINAL DART 1 (A). ONDITION FOR PERFORMED 21 ho etc on) (Hour) 21 W W tel) ottended osed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, oc.). E. INJURY OCCURRED hile At At Work the deceased from F. MARCH 13 (1) (We) (did) (did not) At Attention (Company)	20A. AUTOPSY? (Yes or F YES n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HO.W DID IN EB. 25 19 L ond friew the body after death	(It in Boltim	DE FINDINGS CONSIDERED CAUSES OF DEATH? VES PORCE City, give exect location) PRICE 13 1969 Papinion death occurred on the
EDICAL CE	DISEASES OR CONDITIONS, in the country of the obove cause (A UNDERLYING CONDITION lost).	f any, giving A) stating the CONTRIBUTING DIHE TERMINAL DART 1 (A). ONDITION FOR PERFORMED 21 ho etc on) (Hour) 21 W W tel) ottended osed olive on.	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, torm, toctory, street, oc.) E. INJURY OCCURRED hile At Work At Work The deceased from F MARCH 13 (1) (We) (did) (did not) to occurrent	20A. AUTOPSY? (Yes or In Yes) n or about 21C. WHERE DID IN Green bidg., INJURY OCCUR? 21F. HOW DID IN the individual of the body after death of the	No) 20B. IF YES, WER IN CERTIFYING COUR?	DE FINDINGS CONSIDERED CAUSES OF DEATH? VES PORCE City, give exect location) PRICE 13 1969 Papinion death occurred on the
MEDICAL CE	DISEASES OR CONDITIONS, in the country of the count	f any, giving the A) stating the CONTRIBUTING DITHE TERMINAL DART I (A). ONDITION FOR PERFORMED 21 ho etc. (Hour) 21 WW. **********************************	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, one) E. INJURY OCCURRED hile At Not While At Work the deceased from F. MARCH 13 (1) (We) (did) (did not) to occurred Attention of the deceased from F. MARCH 13 (II) (We) (did) (did not) to occurred Attention occurred Attentio	20A. AUTOPSY? (Yes or In yes) n or about 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HO.W DID IN the second office with a body after death office wit	IJURY OCCUR? 19 68 to M. Chot in (my) (out) o	DEFINDINGS CONSIDERED CAUSES OF DEATH? YES note City, give exact location) DEFINITION death occurred on the 23B. DATE SIGNED March 13, 196
MEDICAL CE	DISEASES OR CONDITIONS, in the country of the obove cause (A UNDERLYING CONDITION lost).	f any, giving the A) stating the CONTRIBUTING DITHE TERMINAL DART I [A]. CONTRIBUTING DITHE TERMINAL DART I [A]. CERFORMED [21] WW. Www. Telly ottended above. [24C. N.	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, torm, toctory, street, oc.) E. INJURY OCCURRED hile At Work At Work the deceased from F MARCH 13 (1) (We) (did) (did not) was a constant of the constant	20 A. AUTOPSY? (Yes or In Yes or In	IJURY OCCUR? 19 68 to M. Chot in (my) (out) o	DEFINDINGS CONSIDERED CAUSES OF DEATH? VES TOTE City, give exact location) PERSON 13 1968 Splinion death occurred on the
WEDICAL CE	DISEASES OR CONDITIONS, in the course of the	f any, giving the A) stating the CONTRIBUTING DITHE TERMINAL DART I [A]. WE SEE THE CONTRIBUTION FOR CO	WHICH OPERATION B. PLACE OF INJURY (e.g., ime, form, foctory, street, one) E. INJURY OCCURRED hile At Not While At Work the deceased from F. MARCH 13 (1) (We) (did) (did not) to occurred Attention of the deceased from F. MARCH 13 (II) (We) (did) (did not) to occurred Attention occurred Attentio	20 A. AUTOPSY? (Yes or In Yes or In	(It in Boltim A) 20B. IF YES, WER IN CERTIFYING C (It in Boltim A) 19 6 to M (bhot in (my) (out) o	DEFINDINGS CONSIDERED CAUSES OF DEATH? YES note City, give exact location) DEFINITION death occurred on the 23B. DATE SIGNED March 13, 196



5-16-67 traia! (Em) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 250 FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/6B

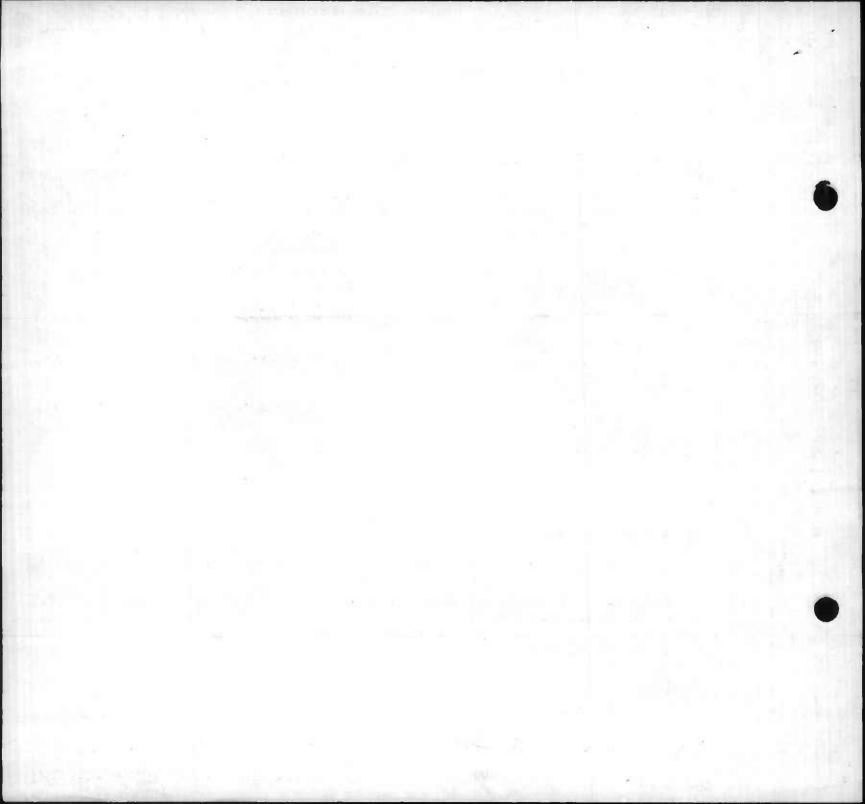
"The formation of the property of the

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

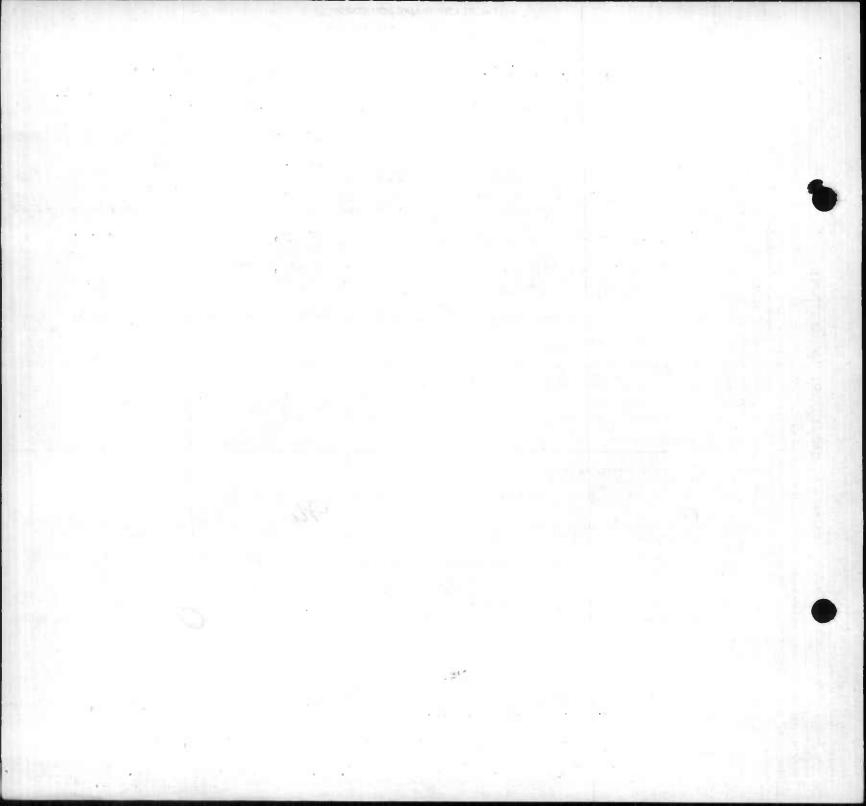
			00	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000			
BIR	1-52 TH NO.	5	68- 29	CERTIFICA	TE OF DEATH	REG. NO	68- 2906			
	AME OF DECE		on, Mary			1D HOUR OF DEATH 8/68	12:30 p.m.			
3. 1	PLACE IN BALT	IMORE, MAR	YLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN		nstitution: residence before odmission)			
	LL NAME OF	(IF NOT	IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland					
HC IN:	SPITAL OR STITUTION	ADDRESS	S OR LOCATION)		CCITY OR TOWN	D. INS	IDE CITY LIMITS?			
	Lincol	n Mamon	ial Nursin	a Home	E. STREET AND NUMBER		YES NO NO			
1) Lincol	11	Tar narstu	R HOMB	27WNCyre	n 8.	18-02			
5. 5	EX	6. RACE		IED NEVER MARRIED		9. AGE (In years lost birthday)	Months Doys Hours Min.			
	Female	Negr			9/17/83	84				
	. USUAL OCCU			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?			
					Virginia		U.S.A.			
13.	FATHER'S NAM	ΛE			14. MOTHER'S MAIDEN NA	ME				
	Robert	Clayto	n		Sophia Swan	n				
	Wos Deceosed s, no or unknown)		Armed Foices? wor or dates of serv	16. SOCIAL SECURITY NO. -2/7-56-633/-	17. INFORMANT		ADDRESS			
	18.01 4	0,91		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
			ITION DIRECTLY		01 2 0		BETWEEN GROEF AND DEATH			
		LEADING TO	DEATH mode of dying,	(A) IMMEDIATE CAL		romposis				
	heort foilure,	asthenio, etc.	. It meons the dise		A CONSEQUENCE OF:					
		ANTECEDENT	ch coused deoth.)	Dial	etes Mellitus					
			ONS, it ony, gi	(B)	A CONSEQUENCE OF:					
			ouse (A) sloting		A SOURCE OF					
	UNDERLYING	CONDITIO	N losi.	(C)						
z	260	X II	TO THE CONTRACTOR	10						
10	TO THE DEAT	H BUT NOTRE	TIONS CONTRIBUTE			***				
CERTIFICATION				OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED			
RTIF	0		WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?			
	21A. ACCIDEN OR CONTRIBU DEATH (notify	ITING CAU	SE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)		(If in Boltimo	re City, give exoct locotion)			
MEDICAL	21 D. TIME	(Month) (Do	oy) (Yeor) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?				
2	(APPROX.)			While At Not While At Work						
	22. L certify	2. I certify that (I) (this haspital) attended the deceased from 7/29/ 1965 to 3/8 1968,								
				010	1 . ~					
		hat (I) (we) last saw the deceased alive an 3/8 1964 and that In(my) (aur) apinian death accurred an the date and have and from the causes stated above. (I) (We) (Pid) (did not) view the bady after death.								
	23A. SIGNAT		Joses stated above	C. (1) (11) (2) (GIO 1101)	new rife body direct dedition		238. DATE SIGNED			
	1	Va	Man		ending Med.	Staff	3/9/10			
	23 C. PHYSICIA	N'S //		, DEGREE	s. Director L	Phys. 🗀	0/0/00			
	NAME (T)	ype /ocks	a all	ALINE DECREE						
244	BURIAL CREA			C. NAME of CEMMERY OF CR	FMATORY 124D 1	OCATION A (C	ity, town, or county (State)			
2.47	REMOVAL (S	pecify)	111- 100	MAL	C > /		A Colored			
0.0	Dar	18/ 3	112/08	Mg. Colu	JAN JAN	ow hill	Mai			
251	A. DATE REC'D			Farley MA	2SC. FUNERAL DIRECTOR	00-7	ADDRESS			
VC	MAR 14	4 1968	Robert E.	Transay,	Jil Carre	HX Juna	a some			
4 J	100-KL V. 1/ 1/0	r tr								



BALTIMORE CITY HEALTH DEPARTMENT PEG NO 68- 2907 CERTIFICATE OF DEATH pital and of death Deceased (5) Deceased ance on the uch 2. DATE AND HOUR OF DEATH I NAME OF DECEASED S (Type or Print) MARCH 1968 8:36 DARLENE hospital THOMASEN death. 4. USUAL RESIDENCE (Where deceosed lived, If institution) oside ace before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD alle (0) ROSEWOOD cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OSPITAL HOSPITAL OR C CITY OF TOWN D INSIDE CITY LIMITS? cause; attend 0 0 owings NO = prior E. STREET AND NUMBER contributing MARYLAND occurred etermined made. regular 9. AGE (In years 5. SEX 8. DATE OF BIRTH If Under 24 Hrs. 6. RACE If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased Hours lost birthdov 23-56 CAUC WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working lite, even if retired) US A Und MARYLAND SID the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct (4) MADELINE MORRIS assistant death LO 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 16. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance HOSP, CHART any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 90 X BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 50, med of LEADING TO DEATH RESPIRATORY (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE OF 0 heart failure, asthenia, etc. It means the disease, examiner xaminer. uar ğ injury of complication which coused death.) em ANTECEDENT CAUSES LARYNGO TRACHEO BRONCH ITI who 0 re are 4 DISEASES OR CONDITIONS, if ony, giving the obove couse (A) sloting the (3) rise to physician UNDERLYING CONDITION lost. remains medical Was medical burns; 501X П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIPLEGIA WITH MENTAL physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) chief Body the 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED 11968 MAR. 11 YES fore - TRACHEOSTOMY RESP by 218. PLACE OF INJURY (e.g., in 6r obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING the (2) (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital DICAL å bei DEATH (notify medical examiner) etc. nature; obtained 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While F (APPROX.) At Work and Work the any 8:36 PW 22. I certify that 🙀 (this hospital) attended the deceased from 4:30 PM 1968 0 ond that in (atr) (aur) opinion death accurred on the date pe that (% (we) last sow the deceased alive on of 3 hospital eat and hour and from the causes stated obave. (1) (We) (dld) (did not) view the body ofter death. must accident he body was release 23A. SIGNATURE 23B. DATE SIGNED T Attending [Med Staff 0 Phys. Director approval 0 23 C. PHYSICIAN'S prior 23D. ADDRESS certificate ģ NAME (Type An MARY OF MARYLAND KEELER M,D d 24A. BURIAL CREMATION. CEMETERY OF CREMATORY (City, town, or county) eceased D.0 REMOVAL (Specify written shows: non 14-68 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR Was 25A, DATE REC'D BY HEALTH DEPT. E. Farbage 0

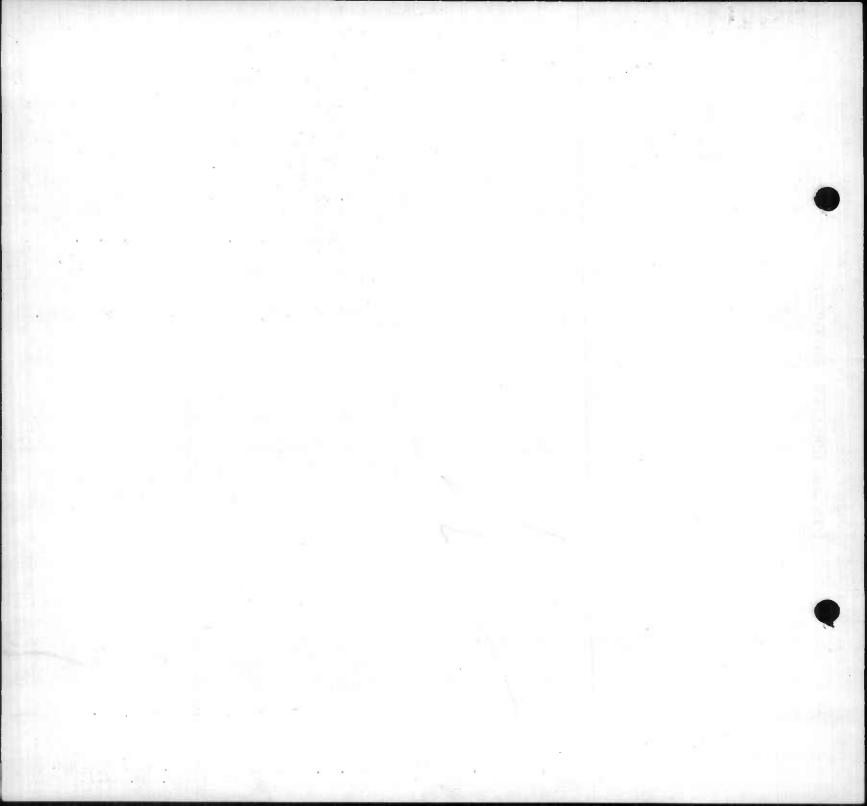


(Тур	AME OF DECE e or Print) JOI	nes. Mrs. Et	hel R.		3/:	L3/68 1:42p	
	L NAME OF SPITAL OR TITUTION			UNCED DEAD	A. STATE B. COL	Baltimore Cit	DE CITY LIMITS?
9	Keswick				Baltimore E. STREET AND NUMBER 3111 N. Ch	arles Street	YES X MOPC
s. s		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
	<u>E</u>	White	WIDOWED		1/14/80		12. CITIZEN OF WHAT COU
done	during most of w	orking life, even if retired) nployed		emaker	Baltimore, 1	Maryland	U.S.A.
	Henry E	dwin Marling	3		Lawrence, 1		
15. \ (Yes	Vas Deceosed ,no or unknown)	Ever in U. S. Armed For (III yes, give wor or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	No			216-46-0309 CAUSE OF DEAT	Will I I I	cords-Keswiel	APPROXIMATE INTER
	DISEASES O	of meon the mode of sithenio, etc. If means official which caused NTECEDENT CAUSES R CONDITIONS, if obove couse (A)	the disease, death.)	(B) DUE TO, OR AS	A CONSEQUENCE OF:	denissales 12	usions le y
RTIFICATION	DISEASES OF ISE IN THE STORY OF ISEASE OF CO.	osthenio, etc. II means olicotion which caused interest causes. R CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITIONS CO A BUT NOT RELATED TO TONDITION GIVEN IN PAR OPERATION 198, CONWAS PER	the disease, death.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED	(B) Codes (C) CO	uncleso to a		INDINGS CONSIDERED USES OF DEATH?
AL CERTIF	DISEASES OF THE SIGNIFITO THE DEATH DISEASE OF CO. 19A. DATE OF CO. 21A. ACCIDEN OR CONTRIBU	osthenio, etc. II means objection which caused NTECEDENT CAUSES R CONDITIONS, if obove couse (A) CONDITION lost.	the disease, death.) ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED	(B) DUE TO, OR AS (C) WHICH OPERATION D. PLACE OF INJURY (e.g., ne, form, loctory, street, o	A CONSEQUENCE OF:	Nol 208, IF YES, WERE F	
U	DISEASES OF THE SIGNIFITO THE DEATH DISEASE OF CO. 19A. DATE OF CO. 21A. ACCIDEN OR CONTRIBU	DISIDENTIAL PROPERTY OF THE PR	ony, giving stating the MTRIBUTING HE TERMINAL IT 1 (A). OTHER OF THE TERMINAL IT 1 (A). OTHER OF THE TERMINAL IT 1 (A). OTHER OF THE	(G)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID fiftice bidg., INJURY OCCUR?	No) 20B. IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED
MEDICAL C	DISEASES OF THE SIGNIFIC TO THE SIGNIFIC TO THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH (notify 21D. TIME 21	Deshenio, etc. II means objection which caused interest to the cause	ony, giving slaling lhe NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED (Hour) 21E Wh.	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	No) 20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore) NJURY OCCUR?	INDINGS CONSIDERED
MEDICAL C	DISEASES OF THE SIGNIFITOR THE DEATH OF THE DEATH (Notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATU	psthenio, etc. II means blicolion which caused which caused interest of the property of the pr	ony, giving slaling lhe NTRIBUTING HE TERMINAL IT 1 (A). DITION FOR FORMED (Hour) 21E Wh.	(B) DUE TO, OR AS (C)	20 A. AUTOPSY? (Yes or 20 A. How DID II) 19	No) 20B. IF YES, WERE FIN CERTIFYING CAU (If in Boltimore) NJURY OCCUR?	INDINGS CONSIDERED SES OF DEATH? City, give exact location
MEDICAL C	DISEASES OF THE SIGNIFITO THE DEATH DISEASE OF COLOR CONTRIBUTE OF INJURY (APPROX.) 21 A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATU 23C. PHYSICIAL NAME (T)	psthenio, etc. II means plicolion which caused interest to the property of the	the disease, death.) ony, giving stating the NTRIBUTING HE TERMINAL IT I (A). Ontion FOR FORMED (Hour) 21E Who would be dead of the de	(B) DUE TO, OR AS (C)	20A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID II 19	OO West 40th	INDINGS CONSIDERED USES OF DEATH? City, give exoct location) 13 Wak. 19 nion death occurred on the

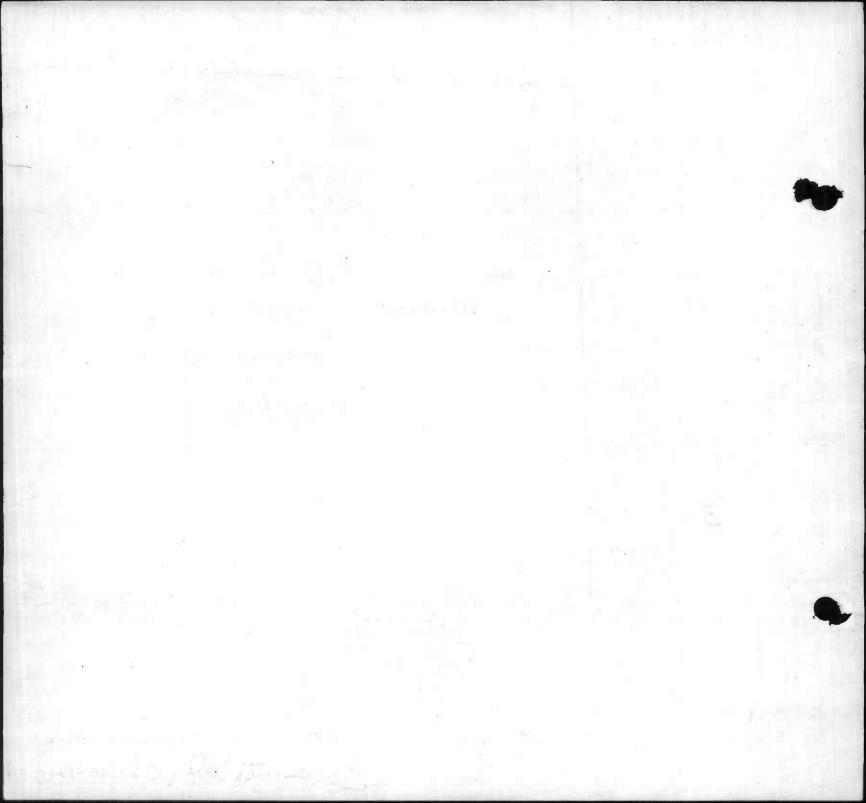


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

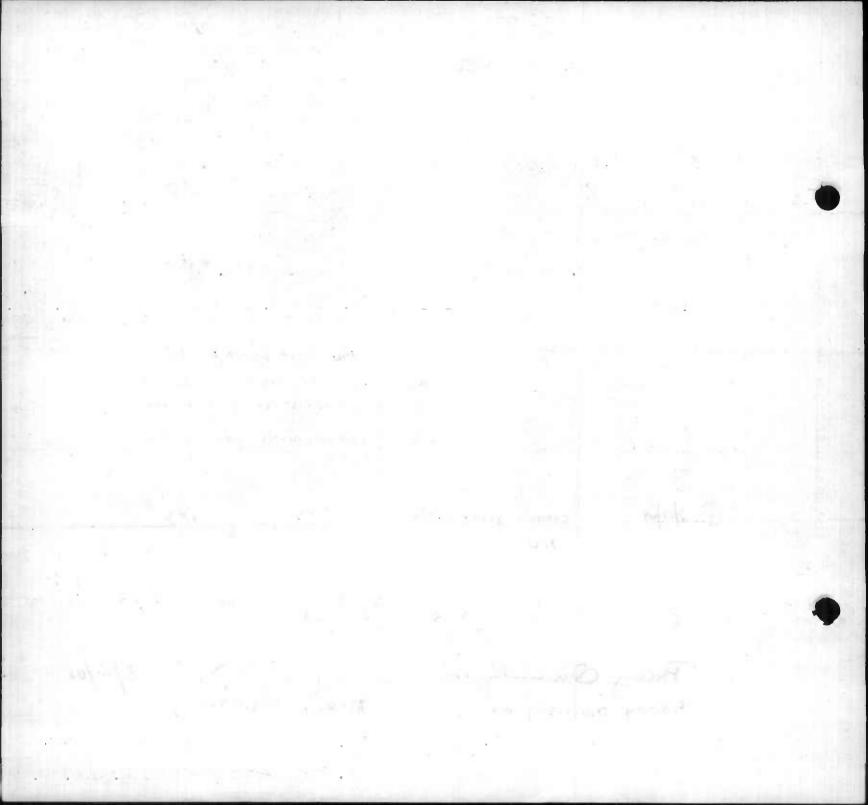
BALTIMORE CITY	HEALTH DEPARTMENT
7-321 68- 2909 CERTIFICA	TE OF DEATH REG. NO. DE- 2919
BIRTH NO.	2. DATE AND HOUR OF DEATH
(Type or Print) Flugues + A H. F. + - hat	210K 3-13-68 1 9:40 Au
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS
INSTITUTION	Baltimore YES NO NO
37Mepcy Upanital.	E. STREET AND NUMBER
11101009 1703 91101	3007 Cresmont Ave.
5. SEX 6. RACE / 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthday) 18 Doys Haurs Min. 18 Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY dane during most at warking life, even if retired)	11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?
Housewise Own Home	Baltimore, Md. U. S. A.
August Hannemann	Theresa Luecking
15, Was Deceased Ever in U. S. Armed Farces? 16, SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No 218-12-0725	Miss Elizabeth Hannemann, 2934 Wyman Pkwy.
18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ISE Pulinonary Ocosema 2 morths
(A) IMMEDIATE CAL	A CONSEQUENCE OF:
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES RACE	cho gene Parcino ma
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS	a consequence of:
	astasis 1- Spine
UNDERLING CONDITION IGSI. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	litation and alo agal
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	e cu co a co o o o
	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2 hone	Ges .
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID (If in Baltimare City, give exact location) ffice bldg., INJURY OCCUR?
DEATH (notify medical examiner) 10 etc.)	
21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whi	
22. I certify that (1) (this hospital) attended the deceased from	1 - 6 1968 to 3 · 13 · 1968 ,
that (1) (we) lost sow the deceased alive on 3 - 1	3 19 6 8 and that in(my) (our) opinion deoth occurred on the date
ond haur and from the couses stated abave. (1) (We) (did) (did not)	view the body ofter deoth.
23A. SIGNATURE	23B, DATE SIGNED
23C. PHYSICIAN'S DEGREE Phy	ending Med. Staff Staff 3 13 68
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
NAME (Type) PAULINE TING DEGREE	Mercy- Hospital Bartimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CR	
	Baltimore Md
Burial 3/16/68 Holy Redeemer 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR H. U. Tombina & Sona Co. 4905 Vonte Rd.
MAR 14 1968 Relieb E. Farbuna	H. W. Jenkins & Sons Co. 4905 York Rd. Balto. Md. 21212
VS 150-REV, 1/1/6B	



	-)-250 68-25	BALTIMORE CITY	HEALTH DEPARTMENT		68-2910
4	1) 550	CERTIFICA	TE OF DEATH	REG. NO.	
		H NO. AME OF DECEASED			D HOUR OF DEATH	
		e or Print) Busin To	ca Douter	10	MARCH 1	C1 405 1.
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, if in	nstitution: residence before odmission)
				A. STATE B. COUNT	11	1. 1.1.00
	HO:	L NAME OF (IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY, OR TOWN	Ken (ADE CITY HANTES
	INS	TITUTION		Choder low	D. INS	YES NO NO
7	2	LINIV HOSPICAL		E. SIREET AND NUMBER	1	IES NO E
0	0	ROLL MA.		Rdv 42		
	5. \$1	EX 6. RACE 7. MARDI	ED THEVER MARRIED		AGE (In years	If Under 1 Yr., It Under 24 Hrs.
		F C WIDOW		3/18/37	ost birthdoy	Months Doys Hours Min.
2	10A.	USUAL OCCUPATION (Give kind of work 108, KIND		11. BIRTHPLA OE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
5	done	during most of working life, even it retired)	TO Colord			USA
	12 8	FATHER'S NAME	M CO SCHOOL	14. MOTHER'S MAIDEN NAM	4 E	01-11
	13.	O L		14. MOTHER'S MAIDEN NAM		-niel
2		-naries I hom	as	E113abe	26 N 1	-RISby
		Vas Deceased Ever in U. S. Armed Forces? ,no ar unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
		No	218-30-1278	HOSP Recor	-d	
		1B. 9 4 9	CAUSE OF DEATI	1		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
3		DISEASE OF CONDITION DIRECTLY		0 (1 0	1/
0		LEADING TO DEATH	(A) IMMEDIATE CAU		cular	ullapre
5		(This does not mean the mode of dying, a heart failure, asthenia, etc. II means the disec		A CONSEQUENCE OF:		
2		injury or complication which coused death.)	01	1 1 1	1.0%	2016
U		ANTECEDENT CAUSES	(B) JUDV		rlic Slev	101/1
		DISEASES OR CONDITIONS, if ony, giverise to the above couse (A) stoting	3	A CONSEQUENCE OF:		3.7
2		UNDERLYING CONDITION last.	(C)			W 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
5		421.1				
E	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				
D	AT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED
2	GER		21B. PLACE OF INJURY (e.g., i		(If in Bolting	City of the state
0			home, farm, foctory, street, of	fice bldg., INJURY OCCUR?	(II IN DOMINO	re City, give exact location)
2	U					-1/
9	MED	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	White At Not While	21F. HOW DID INJU	JRY OCCUR?	
		(APPROX)	Work Al Work			
100		22. I certify that (I) (this haspital) attende	ed the deceased from	3, March 1	9 68 10	10 March 1968
0		that (I) (we) last saw the deceased alive o	on 10 Mar	1968 and the	it In(my) (aur) api	Inion death accurred an the date
		and hour and fram the causes stated abave	e. (I) (We) (did) (did nat) v	iew the bady after deoth.		
ŝ		23A. SIGNATURE				23 B. DATE SIGNED
		(III) (ynelus	n Mo Atte	nding Med. Director	Staff Phys.	10 March 68
5		23C.PHYSICIAN'S	. Or Outer	23D. ADDRESS		
0		NAME (Type) Ander CO	n MD			
d	24A	BURIAL CREMATION, 24B. DATE 240	OEGREE OF CEMETERY OF CRE	MATORY 24D. LO	CATION (C	ity, town, or county) (Stote)
		REMOVAL (Specify) 2/0/19	1	eTerY C	hester	- (
-	25A	DATE REC'D BY HEALTH DEPT. 258, NAM		25C. FUNERAL DIRECTOR.	1160166	ADDRESS
	237		-	250. TOTTERAC DIRECTOR	1860	Chesise Town K
	VS	MAR 1 4 1968 (1.6. 6. 2.	tarberna.	Junea	vo harrent	C NEDIOKIONY K



NAME OF DECEASED I. RACE IN BALTIMORE MARKLAND, WHEE FRONDUNCED DEAD I. STAR STAR STAR STAR STAR STAR STAR STAR	RIP	1-460 68 2911 CERTIFIC	CATE OF DEATH REG. NO. 68- 2911
S. SEE S. SACE P. MARRIED NOTIFICATION NOTIFICATION S. SEE S. SACE P. MARRIED NOTIFICATION		IAME OF DECEASED	1LER 3-9-68 8 45 P.M
S. SEE O. BACE W. MARRED NEVER MARRIED S. OATE OF SIRTH S.	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY B. COUNTY
E. SREET AND NUMBER 3.22 Cumberland St., S. BEK S. RACE	HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION	
S. SER S. BACE		37 MERCY HOSPITAL INC.	E. STREET AND NUMBER
OR USUAL OCCUPATION (ive ind of working) (ive of the telline) (ive doing most of working like, even it relined) (ive of the telline) (ive of telline) (ive of the telline) (ive of the telline) (ive of	5. \$	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
TATHER'S NAME LEG T. LAWLER I. MOTHER'S MAIDEN NAME LEG T. LAWLER I. LAWLER'S MAIDEN NAME LEG T. LAWLER'S MAID		WIDOWED DIVORCED	101010
14. MOTHER'S MAINE 15. Wes Deceased Ever in U. S. Armed Fricas? 16. SOCIAL 17. INFORMANT 18. SECURITY NO. 18. ALBERT 322 Cumberland St. Co. 18. The security of complete the whole of dying. e.g., head foliate, ashend, etc. it means the disease, head foliate of the foliate of the course of		e during most of working life, even if relired)	
S. Was Dacesade Eve in U. S. Armed Forces? The processed Eve in U. S. Armed Forces. The processed Eve in U. S. Armed Eve Eve Eve In U. S. Armed Eve			
16. SOCIAL SECURITY NO. 17. INFORMANT 18. ADDRESS	3.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head folius, estheric, etc.) Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERTING CONDITION lost. DISEASE OR CONDITIONS ON TRIBUTING CONDITION SOLUTION (C), OR AS A CONSEQUENCE OF: BUE TO, OR AS A CONSEQUENCE OF: BUE TO OR AS A CONSEQUENCE OF:	5 1		
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, astheria, etc., It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the down cause (A) stating the UNDERTING CONDITION test.) DISEASES OR CONDITIONS, if any, giving rise to the down cause (A) stating the UNDERTING CONDITION test.) OF HIST REFERENCE OF: BREAK DO WO P HIST REFERENCE OF: BR	_	710	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? DEATH (notify medical examine) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While Al Not While Al Work 19 6 ta 3 9 19 6 ta 4 19 6 ta 3 9 19 6 ta 1	IFICA	Injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION tast. (C) SUPPLY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	AS A CONSEQUENCE OF: 24 FOR CHRONIC PANCREATITIS 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Wo	AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location), office bldg., INJURY OCCUR?
that (1) (we) last saw the deceased alive on 3/9 19 68 and that In (my) (our) apinion death accurred an the ond haur and from the causes stated above. (1) (We) (did nat) view the bady after death. 23A. SIGNATURE Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (did nat) view the bady after death. Composition of the causes stated above. (1) (We) (DIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	
23A. SIGNATURE Backy Ominsky ms of Cemetery of CREMATORY 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS A Hending Phys. Staff Director Staff Shaff Shaf		that (1) (we) last saw the deceased alive on 3/9	19 68 and that In (my) (our) apinion death accurred an the dat
23C. PHYSICIAN'S NAME (Type) BACRY OMINSKY MS OEOREE MERCY HOSPITAL 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial SS. Peter & Paul Cem. Cumberland, Allegany Maryland 25D. ADDRESS Cumberland, Allegany Maryland 25D. ADDRESS		23A. SIGNATURE	23 B. DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Sto REMOVAL (Specify) 3/12/68 SS. Peter & Paul Cem. Cumberland, Allegany Maryland		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Burial 3/12/68 SS. Peter & Paul Cem. Cumberland, Allegany Maryland	244	A RIIPIAL CREATATION 24R DATE 24C NAME OF CEMPTERY OF	REE
MAR 14 1968 Robert E. Farbert H. Wayne George 202 Greene St. Cumb. Md.		Burial 3/12/68 SS. Peter & Pau	ul Cem. Cumberland, Allegany Maryland
V\$ 150-REV. 1/1/6B		MAR 14 1968 Robert E. Farbeyma	H. Wayne George 202 Greene St. Cumb. Md.



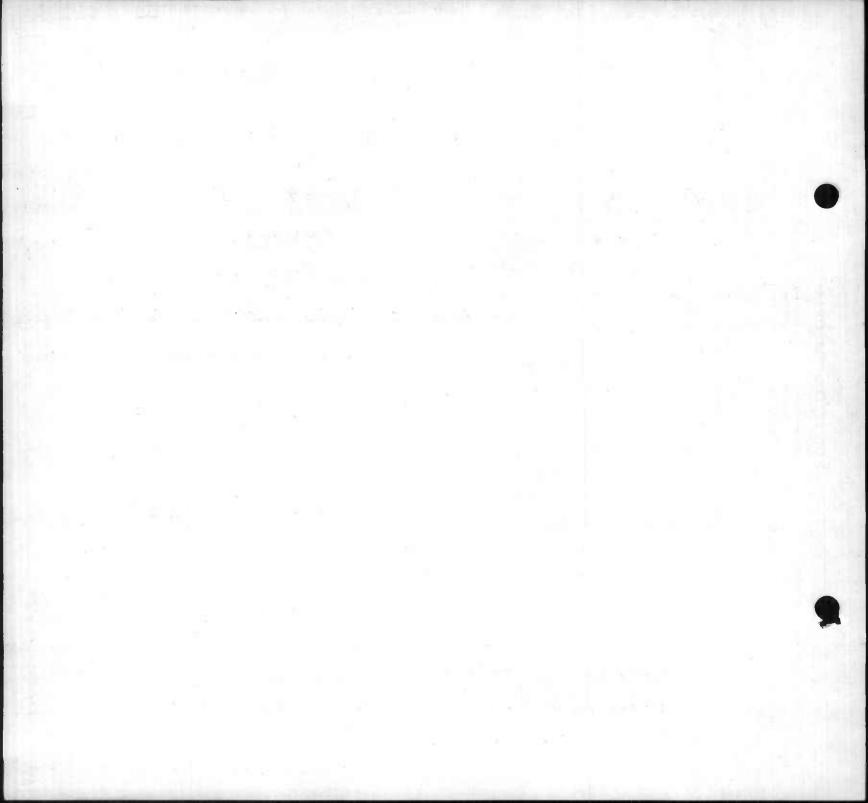
BIRTH NO.		CERTIFICA	TE OF DEAT		
NAME OF DECEASED		2. DATE AND HOUR OF DEATH			
LIPP, FE		MA HELIAL BESIDENCE	ARCH 9TH,	1968 9:45 P.	
3. PLACE IN BALTIMORE, MARYLAN	ND, WHERE PRONO	UNCED DEAD	A. STATE B. C		If institution: residence before adm
FULL NAME OF (IF NOT IN H	UTION, GIVE STREET	C. CITY OR TOWN	D - 21090	INSIDE CITY LIMITS?	
ST. AGNES		LINTHICUM	HEIGHTS	YES NO I	
WILKENS &			E. STREET AND NUMB		
T BALTIMORE	. MD. 21	229	447 W. MA	PLE RD.	
SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 1 Months; Days Hauss
MALE WHITE	WIDOWED		05-18-85	82	
OA, USUAL OCCUPATION (Give kind tone during most of working life, even if re	etired)				12. CITIZEN OF WHAT CO
MACHINIST	Cons	struction	BALTIMORE	-	USA
JOHN LIPP			14. MOTHER'S MAIDEN		
			LOUISE K		
5. Wos Deceased Ever in U. S. Arm Yes, na ar unknawn) (If yes, give war o		SECURITY NO.	17. INFORMANT	BA	ALT IMORE, MD. 21
No		214017543 CAUSE OF DEAT		RECORDS -WI	ILKENSECATON AV
heort failure, ostherio, etc. It rinjury or camplication which c ANTECEDENT CA DISEASES OR CONDITIONS, rise to the obove couse UNDERLYING CONDITION to	aused death.) AUSES i, if any, giving (A) stating the	lyn	A CONSEQUENCE OF:	in fact	?
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to	meons the disease, caused death.) AUSES i, if any, giving (A) stating the ist.	(B) DUE TO, OR AS	ardsal.	in fact	?
DISEASES OR CONDITIONS, rise to the obove couse UNDERLYING CONDITION to the Significant condition to the Death but not relate DISEASE or CONDITION GIVEN 19A. DATE OF OPERATION 198	meons the disease, caused death.) AUSES i, if any, giving (A) stating the state of	(B) DUE TO, OR AS	20A. AUTOPSY? (Yes	or No.) 20B, IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONDITION IN TO THE DEATH BUT NOT RELATED TO THE DEATH B	meons the disease, caused death.) AUSES i, if any, giving (A) stating the state of the state o	(C)WHICH OPERATION	20A. AUTOPSY? (Yes	or No.) 20B, IF YES, W	/ERE FINDINGS CONSIDERED
Injury or camplication which complete the control of the control o	meons the disease, caused death.) AUSES i, if any, giving (A) stating the sst. AUSE CONTRIBUTING DIO THE TERMINAL IN PART 1 (A). CONDITION FOR AS PERFORMED TING 21B hometc. (Yeor) (Hour) 21E	(B) DUE TO, OR AS (C) WHICH OPERATION I. PLACE OF INJURY (e.g., ne, form, factory, street, c.)	20A. AUTOPSY? (Yes YES in or obout 21 C. WHERE D ffice bldg., INJURY OCCL	or No.) 20B, IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
Injury or camplication which complete the complete that the comple	meons the disease, aused death.) AUSES i, if any, giving (A) stating the sst. AS CONTRIBUTING D TO THE TERMINAL IN PART 1 (A). CONDITION FOR AS PERFORMED (Year) (Hour) 21E Wh.	WHICH OPERATION C. PLACE OF INJURY (e.g., ne, form, factory, street, c.) INJURY OCCURRED Not Whith At Work	20A. AUTOPSY? (Yes YES in or obout 21C. WHERE D office bldg., INJURY OCCU	or No.) 208, IF YES, W IN CERTIFYING ID (If in Bal R?	/ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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Injury or camplication which compliance of the control of the cont	meons the disease, caused death.) AUSES i, if any, giving (A) stating the isst. AS CONTRIBUTING D TO THE TERMINAL IN PART 1 (A). CONDITION FOR AS PERFORMED (Year) (Hour) 21E Wh. Waspital) ottended to precessed alive on	WHICH OPERATION (C)	20 A. AUTOPSY? (Yes YES in or obout 21 C. WHERE Doffice bidg., INJURY OCCL 21 F. HOW DIT	or No) 20B, IF YES, WIN CERTIFYING ID (If in Bal P) INJURY OCCUR?	/ERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimare City, give exoct location MARCH 9
Injury or camplication which complete the control of the control o	meons the disease, caused death.) AUSES i, if any, giving (A) stating the isst. AS CONTRIBUTING D TO THE TERMINAL IN PART 1 (A). CONDITION FOR AS PERFORMED (Year) (Hour) 21E Wh. Waspital) ottended to precessed alive on	WHICH OPERATION C. PLACE OF INJURY (e.g., ne, form, factory, street, c.) INJURY OCCURRED hile At Work At Wor	20 A. AUTOPSY? (Yes YES in or obout 21 C. WHERE D office bldg., INJURY OCCL 21F. HOW DIT 19 68 of view the body ofter de	or No) 208, IF YES, W IN CERTIFYING ID R? (If in Bal D INJURY OCCUR?	/ERE FINDINGS CONSIDERED CAUSES OF DEATH? Itimare City, give exact location MARCH 9
Injury or camplication which compliance of the control of the cont	meons the disease, caused death.) AUSES i, if any, giving (A) stating the state of the state o	WHICH OPERATION C. PLACE OF INJURY (e.g., ne, form, factory, street, c.) INJURY OCCURRED hile At Work At Wor	20A. AUTOPSY? (Yes YES in or obout 21C. WHERE D office bldg., INJURY OCCU 21F. HOW DIT 19.68 oview the body ofter de ending Med. price bldg., Med. price bld	or No) 20B. IF YES, W IN CERTIFYING ID (If in Bal R? (If in Bal D INJURY OCCUR? 19 68 10 10 ath. Shoff Phys. WILKENS AV	MARCH 9. 19. 19. Oplinion deoth occurred on to BALTIMORE, VES. 21229 (City, town, ar county)
Injury or camplication which complete the control of the control o	meons the disease, caused death.) AUSES i, if any, giving (A) stating the isst. AUSE CONTRIBUTING DIO THE TERMINAL IN PART I (A). CONDITION FOR SERFORMED (Year) (Hour) 21E Whom is stoted obove. (A) CONTRIBUTION FOR SERFORMED (Year) (Hour) 21E Whom is stoted obove. (A) CONTRIBUTION FOR SERFORMED (Year) (Hour) 21E Whom is stoted obove. (A) CONTRIBUTION FOR SERFORMED (Year) (Hour) 21E Whom is stoted obove. (A) CONTRIBUTION FOR SERFORMED	WHICH OPERATION I. PLACE OF INJURY (e.g., ne, form, factory, street, of the deceased from FE. MARCH 9, Work (We) (did) (did XXXX) DEGREE AME of CEMETERY OF CR	20A. AUTOPSY? (Yes YES in or obout 21C. WHERE D office bldg., INJURY OCCU 21F. HOW DIT 19.68 oview the body ofter de ending Med. price bldg., Med. price bld	or No) 20B. IF YES, W IN CERTIFYING ID (If in Bal R? (If in Bal D INJURY OCCUR? 19 68 10 10 ath. Shoff Phys. WILKENS AV	MARCH 9. 19. 19. Oplinion deoth occurred on to BALTIMORE, VES. 21229 (City, town, ar county)
Injury or camplication which complete the control of the control o	meons the disease, caused death.) AUSES i, if any, giving (A) stating the isst. AUSE CONTRIBUTING DIO THE TERMINAL IN PART I (A). CONDITION FOR SERFORMED (Year) (Hour) 21E Whom is stoted obove. (A) CONTRIBUTION FOR SERFORMED (Year) (Hour) 21E Whom is stoted obove. (A) CONTRIBUTION FOR SERFORMED (Year) (Hour) 21E Whom is stoted obove. (A) CONTRIBUTION FOR SERFORMED (Year) (Hour) 21E Whom is stoted obove. (A) CONTRIBUTION FOR SERFORMED	WHICH OPERATION C. PLACE OF INJURY (e.g., ne, form, factory, street, c.) INJURY OCCURRED At Work he deceased from FE. MARCH 9, W (We) (did) (dww.x.x.x.x.x.x.x.x.x.x.x.x.x.x.x.x.x.x.	20 A. AUTOPSY? (Yes YES in or obout 21 C. WHERE D office bidg., INJURY OCCL 21F. HOW DIT 21F. HOW DIT 21F. HOW DIT 22F. HOW DIT 22F. HOW DIT 23D. ADDRESS CATON AND REMATORY 25C. FUNERAL DIRE	or No) 208, IF YES, W IN CERTIFYING IN CERTIFYING R? (If in Bal R?) 19 68 to 10 At that in (X)X (aur) ath. WILKENS AVID. LOCATION Ritchie Hgwy	MARCH 9. 19 Opinion deoth occurred on to BALTIMORE, VES. 21229

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	E 1 () 5 5 6 6 7 7 () 1
ody w s: (1) A D.O.A.	
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	16

-	T	T-653		BALTIMORE CITY	HEALTH DEPARTMENT	1/	CD	2913
7.	2635	68	- 291	3 CERTIFICA	TE OF DEATH	REG. NO	00	2319
	TH NO.	D INESS		HORNTON		D HOUR OF DEATH	4	
	(Type or Print) IHOREON == LNEZ == HOPE			MARC			11.500.	
3.	PLACE IN BALTIMO	RE MARYLAND, W			4. USUAL RESIDENCE (When	re deceased lived. If		nce before admission)
5	ERTIF	CATE	A MATTER	THON, GIVE STREET	MARYLAND B. COUN	9.60 212		52-00
IN	ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTIMORE. MARYLAND 21229			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS		
				BALTIMORE E. STREET AND NUMBER		YES	NO 🔀	
				910 VICTORY AVE.				
5. 5		HITE		NEVER MARRIED	B. DATE OF BIRTH 08-20-34	9. AGE (In years last birthday)	If Under 1 You Months Doy:	If Under 24 Hrs. Hours Min.
104	USUAL OCCUPAT	ON Give kind of work			11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY?
don	HOUSEW IF			CAF	VIRGINIA	1-17	US	Α
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM	WE		
	BEN KINC	ER			DOVE BOLLI	NG		
15.	Was Deceased Ever	in U. S. Armed Fore	ces?	1 6. SOCIAL	17. INFORMANT		ALTO ADT	粉.21229
(Te	No No	es, give war ar date	s of service)	106-14-7514	ST. AGNES RE			
_	18. 1 = 10 Q			CAUSE OF DEAT	1			PROXIMATE INTERVAL
	LEA	R CONDITION DIR		(A) IMMEDIATE CAL	SE Carelli re pro	iting outer	۷	
		nean the made of enia, etc. II means		DUE TO, OR AS	A CONSEQUENCE OF:	7		
		ilian which caused				,		
	ANTI	ECEDENT CAUSES		(B) Wete	iters (brain	.)		
		CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	7		
	rise to the a	bave cause (A)	slaling the	10 hal	ignant mel	anoma		
	- 41.			(0/	1	***************************************		· · · · · · · · · · · · · · · · · · ·
N	OTHER SIGNIFICAN	11 IT CONDITIONS COI	NTRIBUTING					
ATIO	TO THE DEATH BU	T NOT RELATED TO THE	HE TERMINAL					
ERTIFIC/	19A. DATE OF OPE		DITION FOR V	WHICH OPERATION	NO	IN CERTIFYING C	FINDINGS CON AUSES OF DEAT	NSIDERED
CAL CE	21 A. ACCIDENT WOR CONTRIBUTING		21 B. hom etc.	ne, larm, factory, street, a	n or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltim	ore City, give exc	ct focation)
ā		onth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
ME	OF INJURY			ite At Not Whil				
			Wo			(0)		
					JANUARY 29			
	that (() (we) las	t sow the decease	d alive on	MARCH 11	19 <u>68</u> and th	ot in ()(y) (our) of	pinion deoth oc	curred on the date
	ond hour ond fro	m the couses stat	ed obove. ()	(We) (did) (dad XnXt) v	iew the body ofter deoth.			
	23A SIGNATURE	1 5	5 /	2			23B. DATE SIG	GNED
	1104e 4	04 ((LPLS)	L Cun Atte	nding Med.	Staff Phys	3-11-	-60
	23C. PHYSICIAN'S		X	J GEGREE .	23D. ADDRESS		2	1229
	NAMETER	ERBGUTH	M.D.		CATON & WILKI	ENS AVES.	-BALTO.	. MD.
24/	BURIAL CREMAT	ION, 24B. DATE		AME of CEMETERY OF CR			City, town, or cou	
	Burial	3-15-196	68 Gle	n Haven Memor	ial Park Rite	chie Hgwy.	A.A.Co.	Maryland
25/	A. DATE REC'D BY	HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR		,	- DOKESS
	MAR 15 19	368 R.C.	F 2. 30	Lider All	George J. Gone	ce-4001 Ri	tchie Hgw	y., Ealtimore
VS	150-REV. 1/1/6B							

BALTIMORE CITY	HEALTH DEPARTMENT 68-2914
BRTH NO. 68- 2914 CERTIFICA	TE OF DEATH REG. NO.
(Type or Print) HATTON DARBY PEDDICORD	2. DATE AND HOUR OF DEATH 3/15/68 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN Calvert Co
UNIVERSITY OF MAKYLAND HOSPITAL	PRINCE FRE DERICK YES NO IN
Colorador de Color	E. STREET AND NUMBER Dares Beach -
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1 (I Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
States Roads - Engineeh 13. FATHER'S NAME	MARGLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES N. PEDDICORD	MARY BROWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No - 214-12-0916	Virginia Peddicard - Prince Frederich Ms
18.4 28 X I CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE CHADNIC MYDCARDITIS 4 GEARS
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury or complication which caused death,) ANTECEDENT CAUSES	
	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, or etc.)	ffice bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	ie 🔲
22. I certify that (1) (this haspital) attended the deceased from	MARCH 10 19 68 to BARCH 15 19 68.
that (1) (we) lost sow the deceased alive an MARCH 13	19 68 and that in (my) Cour pinion death occurred an the date
and hour and from the couses stated above (I) (We) (did) did nat)	
23A. SIGNATURE	23B. DATE SIGNED
12 L. Jew 1k. D. DEGREE Phy	ending Med. Staff
LL L. Phy	
23C. PHYSICIAN'S NAME (Type) A SAAF W. William'S DEGREE	23D. ADDRESS UNIU. OF MARYLAND HOSPITAL
23C. PHYSICIAN'S NAME (Type) A S MARC MI WILLIAM S	23D. ADDRESS UNIU. OF MARYLAND HOSPITAL
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, REMOVAL (Specify) Burial March 16, 1968 St. Rouls Episages	23D. ADDRESS UNIU. OF MANYLAND HOSPITAL EMATORY 24D. LOCATION (City, town, or county) (Stote) Constity Rince Frederick, Calvert Co, Md.
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR REMOVAL (Specify) Much 16, 1968 St. Rauls Episage 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	23D. ADDRESS UNIU. OF MARYLAND HOSPITAL
23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24A. NAME of CEMETERY OF CR REMOVAL (Specify) Much 16, 1968 St. Rauls Episcope 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	23D. ADDRESS UNIU. OF MANYLAND HOSPITAL EMATORY 24D. LOCATION (City, town, or county) (Stote) Constity Rince Frederick, Calvert Co, Md.



ssistant if death occurred in a hospital and the direct or contributing cause of death vind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the nce on the deceased prior to death. Such final disposition is made.	3 F-HIII
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
DO O	2
This cer the bod shows: was D.d decease	2

1	2 21	10		BALTIMORE CITY	HEALTH DEPARTM	MENT		68-	2915	
BIR	TH NO.	68-	2915	CERTIFICA			REG. NO		2010	
	AME OF DEC	ISASKY, LOUIS	CHARLES			Ma	rch 8, 1968	-1	10:05 P.	м.
FU	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTIO	N, GIVE STREET	Maryland C. CITY OR TOWN	8. COUN	ltimore	SIDE CITY L	7-38	ssion)
0	13	eterans Admini	n Bouleva	rd	Baltimor E. STREET AND NU			YES K	NO 🗌	
	1	Baltimore, Mar	yland 212	79	1150 Ced	arcr				
s. s	^{EX}	Caucasian	WIDOWED _	DIVORCED	4-4-15		9. AGE (In years lost birthdoy)	If Unde Months	Days Hours M	Hrs.
dan		UPATION (Give kind of work) working lite, even if retired) 17°	Unknown		11. BIRTHPLACE (Stor	te aı fare	ign country)	12. CITI	U. S. A.	NTRY?
13.	FATHER'S NA	ME			14. MOTHER'S MAIN Helen Sle		ME	1		
	Wos Deceose , na oi unknow (es	d Ever in U. S. Armed Farc	of service) 16.	SOCIAL SECURITY NO. 18-01-7573	17. INFORMANT	EN Z	E. BISAS	· KV	ADDRESS	
	1B. 44	29		CAUSE OF DEATH	1		. 0.073	7	APPROXIMATE INTER	
	DISEA	SE OR CONDITION DIR	CTLY	(A)IMMEDIATE CAU	_{se} Bilateral	. CVA		3-1	3Weeks	ZEATH
	hearl lailuie injuiy ai ca DISEASES rise la Il	nal mean the made at a salenia, etc. Il means mplication which caused a ANTECEDENT CAUSES OR CONDITIONS, il a le abave cause (A) G CONDITION last.	the disease, death.) ny, giving	DUE TO, OR AS A	A CONSEQUENCE OF:					
ATION	TO THE DEA	FICANT CONDITIONS CON THE BUT NOT RELATED TO THE CONDITION GIVEN IN PART	ETERMINAL		Pneumonia	Rig	ht Side	~~~~~~~~~~~	1 Week	φ φ φ 4
CERTIFIC			TION FOR WHI	CH OPERATION	20 A. AUTOPSY? IY	es ar N	O) 20B, IF YES, WERE IN CERTIFYING C	FINDINGS AUSES OF	CONSIDERED DEATH?	
CAL	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. PLA hame, f etc.)	CE OF INJURY le.g., in arm, factory, street, af	n or about 21 C. WHER fice bldg., INJURY O	E DID CCUR?	(If In Baltim	are City, giv	re exoct lacotian)	
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. IN. While A Work	Not While		DID IN.	JURY OCCUR?			
	that X () (we	y that XXX (this haspital)) last saw the deceased ad from the causes state	alive an	March 8,	19 68	and th	19 <u>68 to Mal</u> not In Max () (our) a _l	plnian dea		
	23A. SIGNAT	how to the	rdenor	GEGREE Phys		or 📮	Staff Phys.		9-68	
	23C. PHYSICI NAME (hard H. Anders	on, M. D.		3900 Loch		Hospital ren Blvd.,	Baltim	ore, Md.	
	DURIAL CR	Specify) 3/12/4	18 Du	LANEY VA	LLEY CEM		.)	City, town,		ate)
25A	AD 15	1968 Result	2 Jankey	MA	250. FUNERAL D	PRECIO	Marley	lely !	ADDRESS	
_D	150-REV. 1/1.				1050	00	york o	14.1	12/2	

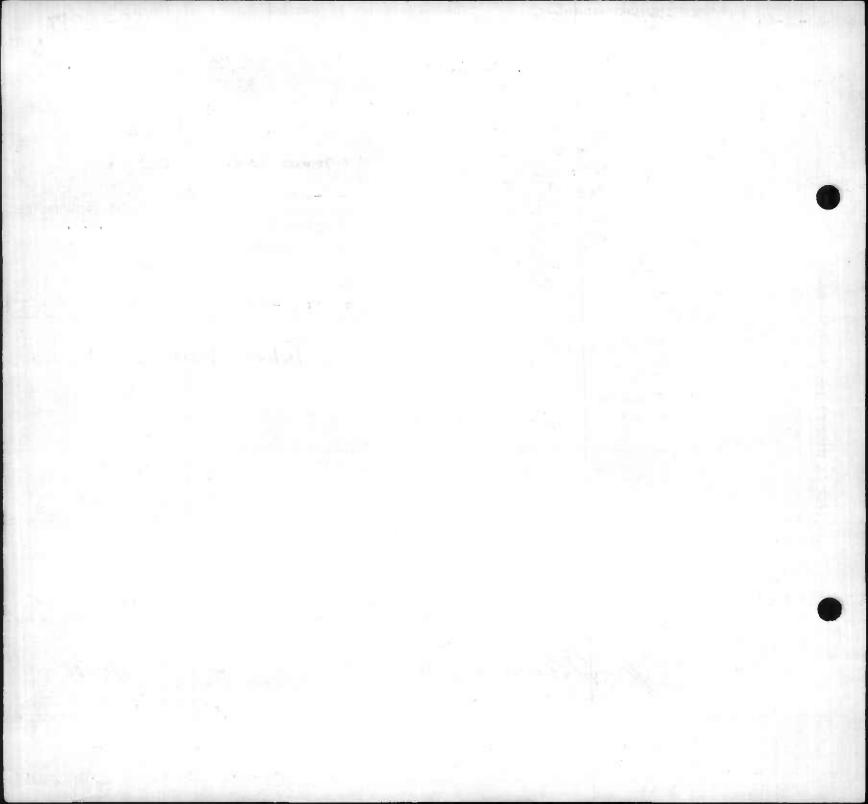
ALL DEPTH DESCRIPTION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such death (5) Deceased BIRTH NO. a hospital and I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 USUAL RESIDENCE (Where deceased lived. If institution: residence ... STATE B. COUNTY E eath. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE attendance cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Hitrtord Co FULL NAME OF O HOSPITAL OR ADDRESS OR LOCATION D. INSIDE CITY LIMITS? etermined cause; 0 YES NO X E. STREET AND NUMBER prior contributing disposition is made. regular 9. AGE (In years If Under 24 Hrs. 8. DATE OF BIRTH If Under 1 Yr. deceased Months Doys lost birthdoy Hours WIDOWED X DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) Construction CHIPERTEL Mas 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME assistant if 15. Was Deceosed Ever in U. S. Armed Forces death LO kind; SOCIAL 17. INFORMAN or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance NO Mr. Thomas G. Williams BET Air, Maryland 21014 227-03-2584 any CAUSE OF DEATH pronounced APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed o LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, gular injury or complication which coused death.) em ANTECEDENT CAUSES who 10 are DISEASES OR CONDITIONS, if ony, giving (m) rise to the obove couse (A) sloting the physician UNDERLYING CONDITION lost. the remains medical burns; X OS 450.0 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). Body chief CERTIFIC 198. CONDITION FOR WHICH **OPERATION** 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 c. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital å DEATH (notify medical examiner) nature; obtained MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) and Work At Work to the any 22. I certify that (this hospital) attended the deceased from 68 pe that the (we) lost saw the deceased alive on and that in (are) (aur) opinion death occurred on the date o death) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must accident 23A. SIGNATURE 23B, DATE SIGNED Attending | Staff Director 0 Phys. approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS certificate to MOS 4 24A. BURIAL CREMATION. deceased (City, town, or county) he body 0.0 REMOVAL (Specify) written BEI HIF MEmorial GARdENS ford Co., MARY And 21014 shows: MATCH 15,1968 Wibroadway & williams Sh 258. NAME, OF REGISTRAR M as 25C. FUNERAL DIRECTOR 2SA. DATE REC'D BY HEALTH DEPT. Joseph William Foster Bel Hir, Manglacon 21014 VS 150-REV. 1/1/6B the walle to

1 (Tell Const.) 10-24 10-42 N White x Culex, A worrhorn and arrivagent Markey Street Server Charles William 100 1 money come will tall amount out a someth with defeation of angulation ste At completion of the Lay aternatures . First Sophin to p. April Double (elec. _ Colon C. Carter S. - X - X - X VILLE SUPPLY TO SEE THE TENTO HOUSE

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-325	5 68-	291	7 CERTIFICA			REG. NO	68-	2917	
I NAME OF DEC	EASED				2. DATE AN	D HOUR OF DEATH			
(Type or Print)	Helen	V. Kit	zmiller		3,	/11/68	- 1 -	4.30	A
3. PLACE IN BALT	TIMORE, MARYLAND, WHE			A. STATE	- 8	re deceased lived. If i	nstitution; resider	nce before adm	nission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	OWN	D. IN	SIDE CITY LIMITS	15	0_
1 1	altimore City 940 Eastern Av	-	als	E. STREET AN			YES X	NO [
В	altimore Maryl	and 2	1224	706 Le	nnox Sti	reet 2	1217		
5. SEX Female	6. RACE 7.		X NEVER MARRIED	12-23-		9. AGE (In years lost birthdoy) 41	If Under 1 Y Months Doy	r. If Under 2 s Hours	24 Hrs. Min.
done during most of v	JPATION (Give kind of work 10 working life, even if retired)	B. KIND OF	BUSINESS OR INDUSTRY		CE (State or fore	ign country)		S.A.	UNTRY?
HOUSE 13. FATHER'S NAM	WIFE								
13. FATHER'S NAM	Willia	m Lowe	er	14. MOTHER'S	MAIDEN NA	Laura De	vers		
	Ever in U. S. Armed Forces		1 6. SOCIAL	17. INFORMA	NT		ADI	DRESS	
(Yes, no or unknown)	(If yes, give wor or dotes o	of service)	SECURITY NO.	Records	s:BCH-49	40 Eastern	Avenue	21224	
OTHER SIGNIF TO THE DEAT DISEASE OR CO TIPA DATE OF OR CONTRIBL	SE OR CONDITION DIRECT LEADING TO DEATH at mean the made at do asthenia, etc. It means the implication which caused do ANTECEDENT CAUSES OR CONDITIONS, it and a state of the conditions of the conditions of the condition of the	ying, e.g., e disease, sath.) y, giving loting the RIBUTING TERMINAL (A). TON FOR V RMED	PLACE OF INJURY (e.g., ine, form, foctory, street, o	20A. AUTO	CE OF: NCE OF: PSY? (Yes of Notes) WHERE DID	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS COI	TH? YE	
U	medical examiner	etc.							
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (INJURY OCCURRED ile At	e C	HOM DID INT	URY OCCUR?			
that (I) (we)	Jeffrey MATION, 24B. DATE Specify) 8Y HEALTH DEPT. 25	Aar	ONSON DEGREE AME OF CEMETERY OF CRI	riew the bady anding 23D. ADDRESS 4940 Ea EMATORY	ofter deoth. Med. Director Baltimo stern Av 24D. L GRAL DIRECTOR	ARRETT	238. DATE SINGLE	rland 21	1224 Stote)
MAR 15	A-B-A-B	E, Voh	Jacob,	J.G.	CONN	ELLY SE	ns	300 N	JACE



death

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etermined

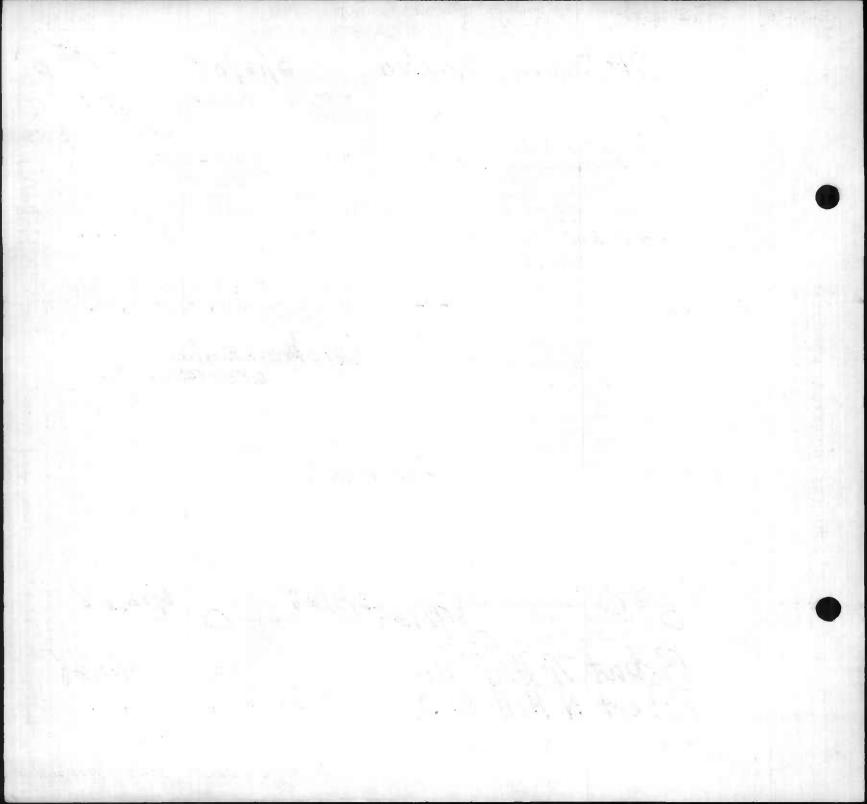
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IMPORTANT DIRECTOR: FUNERAL

hospital

the body

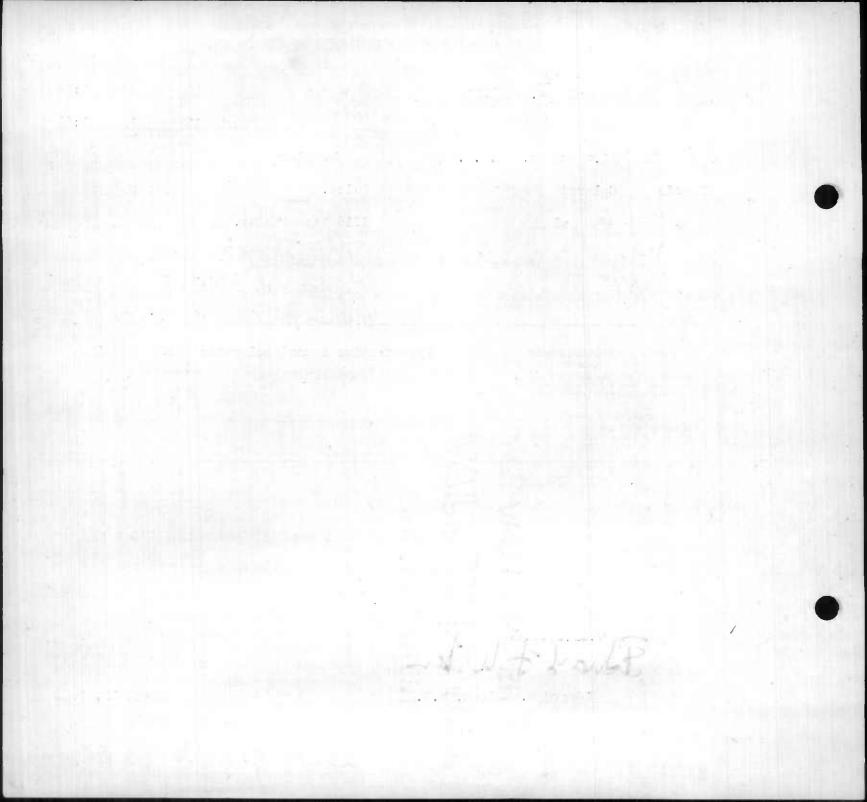
BALTIMORE CITY HEALTH DEPARTMENT MS KALVIA REG. NO CERTIFICATE OF DEATH NAME OF DECE 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED COUNTY A. STATE MARYLAND BALTIMORE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS BALTIMORE CITY HOSPITALS NO A YES 4940 Eastern Avenue E. STREET AND NUMBER 337 SAVANNAH ROAD - 21221 Baltimore, Maryland 21224 regular 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED BE Hours lost birthdov MALE WIDOWED DIVORCED IDA USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MICHIGAN U.S.A. -ARME SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKN UNKN death 0 17. INFORMANT RECORDS: Baltimore City PRESpitals 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL security No. 13-42-8701A 4940 Eastern Avenue, Baltimore, Md. 21224 final attendance CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, 0 ar injury at camplication which caused death.) EB 5 ANTECEDENT CAUSES who 6 DUE TO, OR AS A CONSEQUENCE OF: re are DISEASES OR CONDITIONS, if any, giving the obave cause (A) stating the UNDERLYING CONDITION last, the remains Was 334 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimare City, give exoct location) where °Z MEDICAL DEATH Inotify medical examined (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E. INJURY OCCURRED 9 OF INJURY While At Not While (APPROX.) and Work At Work this hospital) attended the decaged from ond that in (my) (our) opinion death occurred on the date we) lost sow the deceased alive death) hospital did (did not) view the body ofter deoth. and hour and from the causes stated above must 238. DATE, SIGNED Attending [0 Director L 0 23D. ADDRESS prior BALTIMORE CITY approv at 4940 Eastern Avenue, Baltimore, Md. 21224 BURIAL CREMATION, REMOVAL (Specify) OF CREMATORY deceased 0.0 BALTO MEADOWRIDGE Mas 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 300 MACE VS 150-REV. 1/1/68

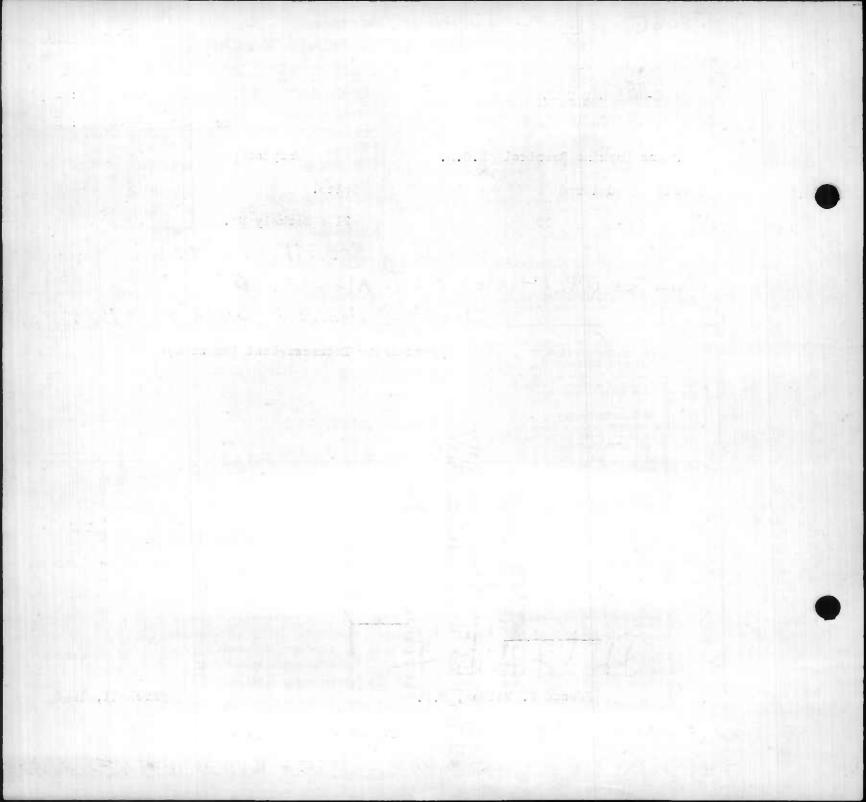


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written control must be obtained before the remains are embalmed or final disposition is made.

5-1	20		BALTIMORE CITY	HEALTH DEPARTMENT	\/	00- 2040
5-6	68	- 291	9 CERTIFICA	TE OF DEATH	REG NO	68- 2919
BIRTH NO. 1. NAME OF DEC (Type or Print)					HOUR OF DEATH	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. It	institution: residence before admission)
FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Må	* 1.1	52-00
HOSPITAL OR	ADDRESS OR LOCA	ATION)	olion, Give sikeel	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
// inth	FERAN HOS	DITAL		BALTIMORE	Co	YES NO
16	THE RAIN (103			E. STREET AND NUMBER	ER DR. 23	1220
. SEX	6. RACE	7- MARRIED		8. DATE OF BIRTH 9-9-1895	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of work working life, even if refired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
Mecheni		New Y	ork State	Hulsted, Fe	enna	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA		
	Willia	m Squir	es		Dora Best	t
5. Was Deceased	d Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	L W W 1		061-18-4698	Mrs Ada Souire	s 19 Yammat	ter Drive 21220
18.4/2	2.9 I		CAUSE OF DEAT	Н	A LA LAMIC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY			241511115	
(This does	nol mean the mode of	dving, e.g.,	(A) IMMEDIATE CAL	USE ASPIRATION	TNEONO	NIA DOOD
heart failure,	, asthenia, etc. It means mplication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or con	ANTECEDENT CAUSES		ACCV	DECVA		4000
DISEASES	OR CONDITIONS, if		(8)	A CONSEQUENCE OF:		
rise to th	ne above cause (A)					
	G CONDITION last.		(C)			
TO THE DEA	FICANT CONDITIONS CO	HE TERMINAL				
	F OPERATION 19B. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DELIVER OF wedicol exominer		ne, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct locotion)
0 21 D. TIME	(Month) (Dov) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
OF INJURY			ile At Not Whil			
		Wo			1968 to	3/1168
	y that (I) (this haspita		2/11	- 68		
-) last saw the decease				nat in (my) (out) ap	pinian death occurred on the dat
and hour ar		ted abave.	(We) (did) (did nat) v	riew the body after death.	_	238. DATE SIGNED
237.11 31011 A1	F. Oon			ending Med.	Staff Phys.	3/11/68
23 C. PHYSICI.	AN'S		DEGREE Phy	s. Director L	Phys.	-//-/-
NAME	Type) F. QUERA	L		LUTHE	ZAN HOS	PITAL
4A. BURIAL CR	EMATION, 248. DATE		DEGREE AME of CEMETERY OF CR	EMATORY 24D. I	OCATION	City, lown, or county! (Stote)
REMOVAL	(Specify)					
remati		968 G	reenmount Cem	etery Ba	ltimore, (City Md.
MAR 1	5 1968 R.P.	+ 2. Ja		4 0 4	0.11	ADDRESS 34
/S 150-REV. 1/1	147-47	J ~ 1 400	 ,	Johanaknidu	must don	-1401 Below Tropes

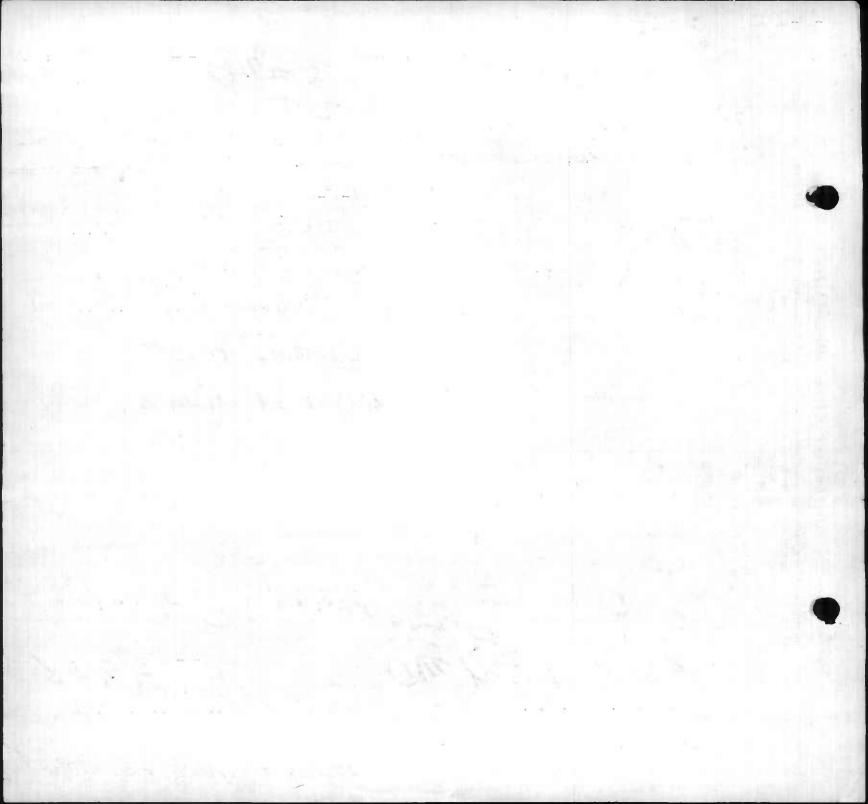
BIR	TH NO.	ERTIFICATE OF DEATH REG. NO.
	NAME OF DECEASED	2. DATE Knawn Manth Day Yeor Hour
	pe ar Print)	OF 50 10 60 1.10 m
4	NANNIE & STAPLES PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
		3. DATE Month Day Yeor Haur PRONOUNCED DEAD
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	March 12 1968 1:10p M.
OR	INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence befare admission)
1	1016 11 11 01 0 0 1	A. STATE B. COUNTY
0	1316 Aisquith St. D.O.A.	Maryland
6. 5	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Female Colored WIDOWED DIVORCED	Balto.
	DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under 24 Hrs.	E. STREET AND NUMBER
6	7-24-56 (ast birthday) Manths, Doys, Hours, Min.	
_/	2/00/61	1316 Aisquith St.
11.	BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
	VA.	Eddie Homas
14A	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
don	e during mast of working life, even if retired)	Dasa NI CTO-AT
_	YONE	DUSH MY, SIKEA
	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
1.0	A date of dates at several participation of the several participation of t	CARNELLIA WATKING 434F, BIDDILFST
	19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
	9-1-00 C	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Hypert	ensive Arteriosclerotic Cardiovascular
	LEADING TO DEATH	CAUSE Disease
	(This does not mean the mode of dying, e.g., DUF TO OR	AS A CONSEQUENCE OF:
	heort foilure, osthenio, etc. It meons the diseose, injury ar camplication which coused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
	LINDERLYING CONDITION LAST.	
2	(C)	
CERTIFICATION	4737 "	
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
正	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
7	20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
ប		no
1	22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	1 1 20C MULTIPE DID (III - D. Dr C')
CAL		in or about 22C. WHERE DID (If in Baltimore City, give exact lacotion) te bldg., etc.) INJURY OCCUR?
	UTING CAUSE OF DEATH.	
Σ	22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
		WHILE
	III. WORK	VORK LJ
	23.	
	I certify that I held an Inquiry Inspection XX Au	topsy ond that on this basis, death in my opinion
	3738	de Homicide Undetermined monner
		de
	resulted from: Natural causes XX Accident Suicio	de
	ACTUAL SIGNATURE SAMINER'S	de
	ACCIDENT Suicide ACCIDENT Suicide ACCIDENT Suicide ACCIDENT SUICIDE ACCIDENT ACCIDENT ACCIDENT SUICIDE ACCIDENT ACCIDENT SUICIDENT ACCIDENT SUICIDENT ACCIDENT SUICIDENT ACCIDENT SUICIDENT ACCIDENT SUICIDENT ACCIDENT SUICIDENT SUICIDENT ACCIDENT	de Homicide Undetermined monner DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER March 13, 1968
	ACCIDENT Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER March 13, 1968 Or CREMATORY 24D. LOCATION (City, Tawn, #f county) (State)
	ACCIDENT Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER March 13, 1968 Or CREMATORY 24D. LOCATION (City, Tawn, #f county) (State)
RE	ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, MOVAL (Specify) Suicide M.D. M.D. A. BURIAL CREMATION, MOVAL (Specify) Suicide M.D. A. BURIAL CREMATION, MOVAL (Specify) Suicide M.D. A. Coldent M.D. M.D. A. Coldent M.D. M.D. A. Coldent M.D. M.D. A. Coldent M.D. A. Coldent M.D. A. Coldent M.D. A. C	Homicide Undetermined monner DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER March 13, 1968 OF CREMATORY 24D. LOCATION (City, town, of county) (State)
RE	ACCIDENT Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, 24B. DATE MONAL (Specify) MALE (Specify)	Homicide Undetermined monner DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER March 13, 1968 OF CREMATORY 24D. LOCATION (City, town, of county) (State)
RE	ACCIDENT Suicid ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, 24B. DATE MONAL (Specify) MALE (Specify)	Homicide Undetermined monner DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER March 13, 1968 OF CREMATORY 24D. LOCATION (City, town, of county) (State)
RE	ACTUAL SIGNATURE EXAMINER'S NAME (Type) A. BURIAL CREMATION, MOVAL (Specify) Suicide M.D. M.D. A. BURIAL CREMATION, MOVAL (Specify) Suicide M.D. A. BURIAL CREMATION, MOVAL (Specify) Suicide M.D. A. Coldent M.D. M.D. A. Coldent M.D. M.D. A. Coldent M.D. M.D. A. Coldent M.D. A. Coldent M.D. A. Coldent M.D. A. C	Homicide Undetermined monner DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER March 13, 1968 OF CREMATORY 24D. LOCATION (City, town, of county) (State)





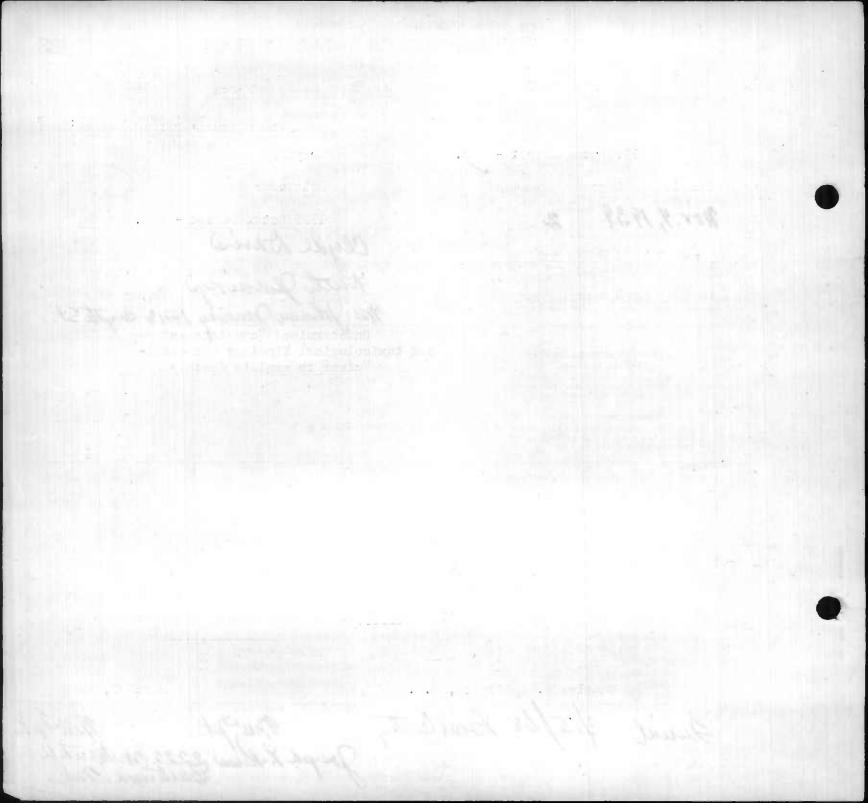
40-48-24

2 000 000	BALTIMORE CITY	HEALTH DEPARTMENT	00- 2922
15-260 68-2	922 CERTIFICA	TE OF DEATH REG. P	NO
1, NAME OF DECIMED	BAKER, MA	POTE 2. DATE AND HOUR OF	DEATHS A 40% LODS
(Type or Print) Baker, Illa	the same, sa	3/9/08	19-08 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE Where deceased live A. STATE B. COUNTY	red. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND	0/17
INSTITUTION BALTIMORE CITY HO	SPITALS	C. CITY OR TOWN	D. INSIDE CITY LIMITS
3 / 4940 EASTERN AVEN		BALTIMORE E. STREET AND NUMBER	YES A NO
BALTIMORE, MARYLA		1225 N. CAROLINE ST	REET #21213
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yes	
NEGRO WIDO	OWED DIVORCED	4-25-97 last birthday)	Months Ooys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
dane during most of working life, even if retired)	11 9016	NORTH CAROLINA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
LASEPH SPENICE		MAGGIF MCA	LEAR SON
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT DATE THOME OF	TY HOSPITALSORESS
(Yes, na ar unknawn) (If yes, give war or dates of ser	712-141-97/61	RECORDS: BALTIMORE CI	VE.,BALTO.,MD.,#21224
18.77 5 77	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		0 1 - 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	JSE Cardiac Art	est
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis			
injury ar camplication which coused death.)	// 0	liagnosal dis	60
ANTECEDENT CAUSES	(B) A/10	lagnoval of is	sesse .
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	-	A COOREQUENCE OF:	
UNDERLYING CONDITION last.	(c)		
- 433,0 II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM			The second second
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	* 4~ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20A. AUTOPSY? (Yes at Na) 20B. IF YES,	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO IN CERTIFY	NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, of	in ar about 21 C. WHERE DID (If in	Baltimare City, give exact location)
DEATH (natify medical exominer)	etc.)	ince sing., indick! Occok:	
21D.TIME (Manth) (Day) (Year) (Haur	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
≥ (APPROX.)	While At Wark		1-11-1
22. I certify that (1) this haspital) atter		3/3/Q 19 19 ta	3/9/68 19
that (1) (we) last saw the deceased aliv-	2/6/6		our) apinion death accurred an the date
ond haur and fram the causes stated abo			and the same section of th
23A SIGNATULE	We (Colo) File Holl)		23B, DATE SIGNED
(Kohet 11.	HIIMA	ending Med. Staff 3-	-9-68 3 / 6 / 4 (
23C. PHYSICIAN'S	A REE IN	A.	HOODE
ROBERT N. HILL, M.D.		DALLIMORE CITY	
	DEGREE	4940 EASTERN AVE., BA	(City, town, or county) (State)
REMOVAL (Specify)	117 A . 02		1
1)UK//+L 57.3 48	AME ON REGISTRAR	25C FILNERAL DIRECTOR	3 i IVA , ADDRESS
MAR 15 1968 Ochub E.	taley All	JOSEPH KNIG	H1 16 39N.BROADN
VS 150-REV, 1/1/6B			

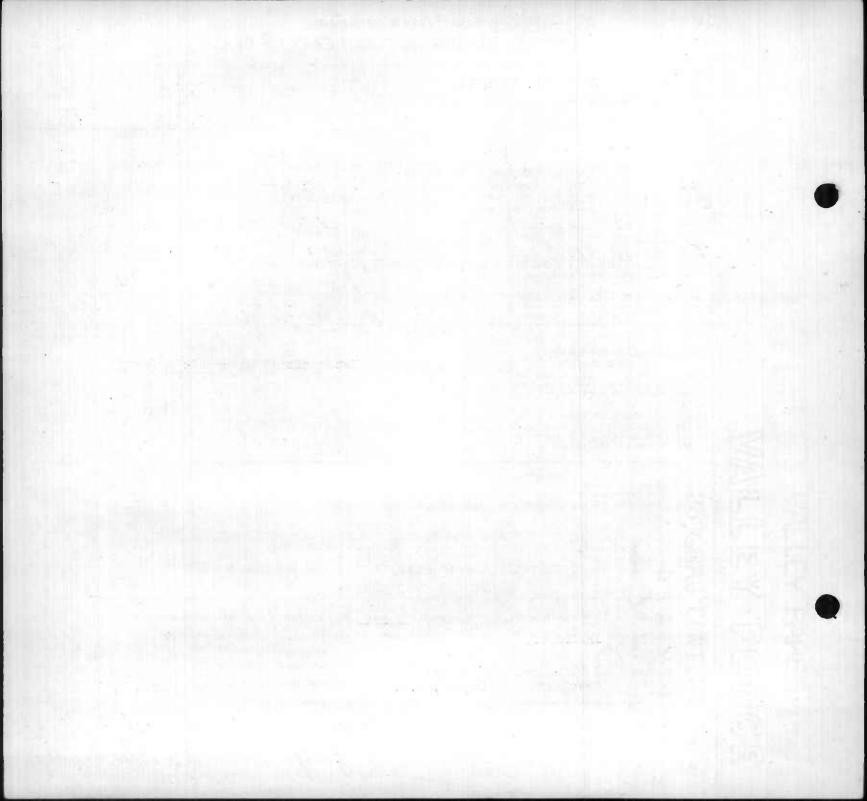


D-120 68- 2923 BALTIMORE CITY MEDICAL EXAMINER'S	HEALTH DEPARTMENT	DEATH	REG. NO	b8-	292	3
NAME OF DECEASED ANNA DAVIS	2. DATE Known X OF DEATH Estimoted	Month March	Day	Year 1968	Hour	
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE PRONOUNCED DEAD	Month March	7, 1968	Year	12:00	I

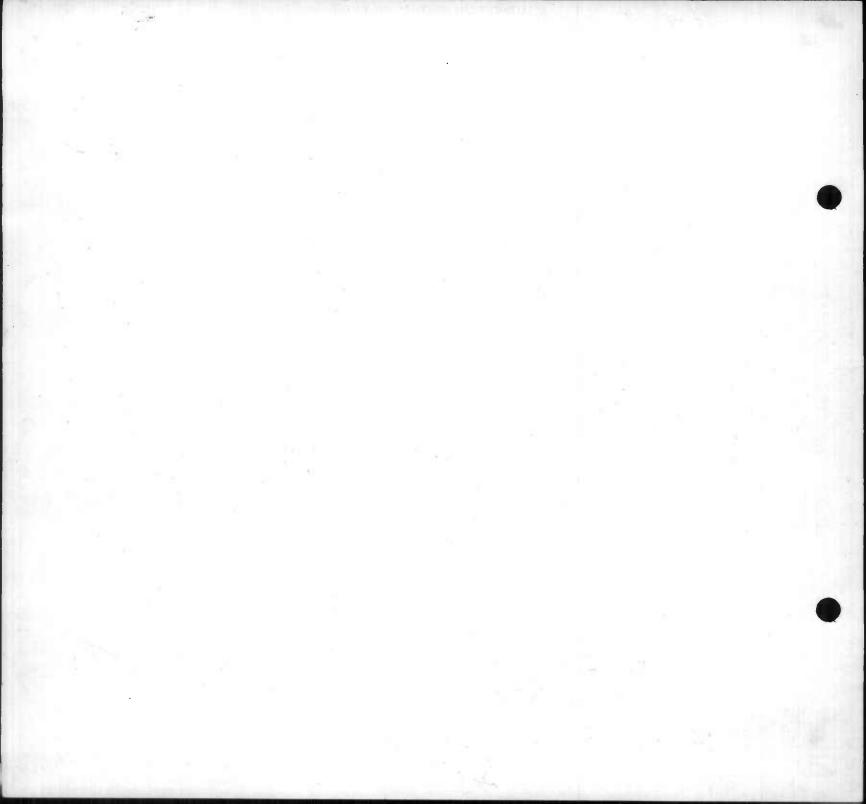
BIR	TH NO.												
	NAME OF DEC		INA DA	VIS			2. DATE OF DEATH	Knawn 🛣	Month March	Day	1968	Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						3. DATE PRONOU	NCED DEAD	Month March			12:00	P _{M.}	
OK		1739 Eu	taw St	reet	- Ap	t. A	A. STATE	Maryland		B. COUNT		before admissi	ion)
6. 5		7. RACE				NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?	14-6	1
F	'emale	Negr	0	WIDOW				Baltimor			ves X		
	DATE OF BIRTH		10. AGE (In			DIVORCED L.	F STREET A	ND NUMBER			YES	NO L	
1	or. 7, 1	1939	last birthday	()		Doys , Hours Min.		1739 Eut	aw Str	c -	Apt. A		
11.	Sout V	1	n country)		12. CITIZ WHA	TEN OF	13. FATHER	de D	aris)				
	.USUAL OCCU e during most of w			4B. KIND	OF BUS	INESS OR INDUSTR	15. MOTHER	S MAIDEN NA	ME	an)			
	WAS DECEASI s, na ar unknawn)					SOCIAL SECURITY NO.	B. INFORM	thum (Dennis	In 194	ADDRESS	tte St	
NO	(This daes not heart failure injury ar com AN DISEASES C RISE TO THE	E OR CONDI LEADING TO at mean the asthenia, etc. optication whice NTECEDENT OD CONDITION ABOVE CAL	DEATH made of dyi It means the ch caused dea CAUSES ONS, IF ANY JSE (A) STAT	ing, e.g., disease, th.)		(A)IMMEDIATE	xicolog CAUSE Cien AS A CONSEQ		dings n	ot suf	opsy BETW	PPROXIMATE INT	
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL	ICH OPERATION W	AS PERFORM	ED				PSY? (Yes ar	Na)
EDICAL	UNDERLYING UTING CA		TRIB-		home, fai	CE OF INJURY(e.g., m, factory, street, affice			(If in Baltimor	e City, give	exoct locotion)		
Σ	OF INJURY (APPROX.)	(Manth) (D	day) (Yeor) (Havi	m. WHIL		WHILE 2	2F. HOW DID II	NJURY OCCI	JR?			
		ER'S Cha	oturol cou	J. ,	Acci	spection Audent Suicident M.D.	ASSIS	ond that on micide CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	Undetermi EXAMINER EXAMINER	med manne	ושו	DATE SIGN	ED
RE	A. BURIAL CREA MOVAL (Special TURLA	MATION, 2	48. DATE	68	Ko	eal Centle	y	9	LOCATION Dell Jon	E (City, to	own, or county	new State	Zork
25	MAR 1	5 1968	Police	10	Fail	REGISTRAR		uneral Direct	Kilss	222	2 M.	march	lere.
VS	151-REV. 1/1/68						0	4.0		· Ducer	wood it	1100	-



VS 151-REV, 1/1/6B

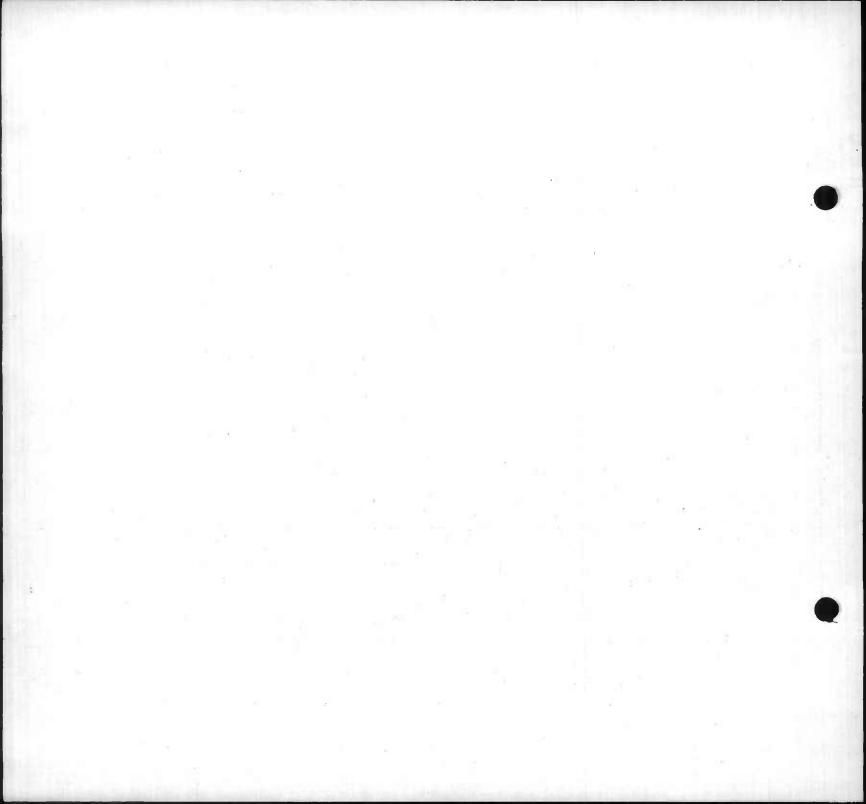


BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. if institution: residence before admission) D. INSIDE CITY LIMITS? Nb If Under 1 Yr. tf Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) opinian death accurred an the date 23B, DATE SIGNED 68 VS 150-REV. 1/1/68

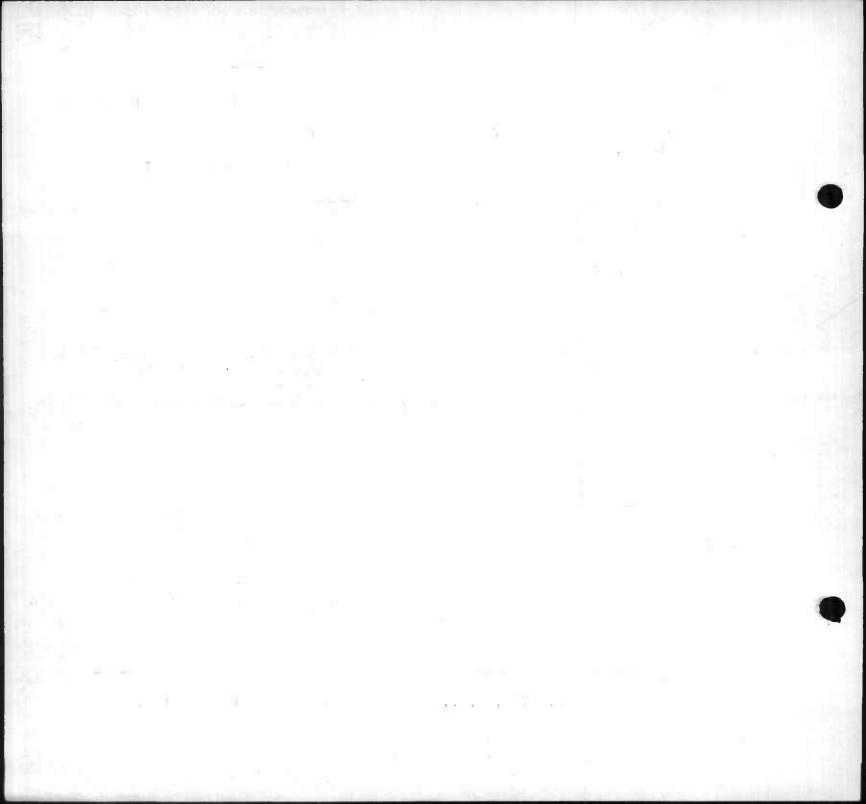


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	: /×	BALTIMORE CITY	HEALTH DEPARTMENT	62	2364
BIR	5-3 ×0 . 68-2	926 CERTIFICA	TE OF DEATH	REG. NO.	COLU
	AME OF DECEASED SAMUE /	5,5mall	mue	WG 1968	16:55 A. M.
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STA)E B. COUN		residence before admission)
HO	L NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET.	c. CITY OF TOWN	D. INSIDE CITY	LIMITS?
	20 1/ m.		Lademon	YES	NO 🗌
0	39 4. manestar	y Hvenue	E. STREET AND NUMBER	testing are	MONASTERY
9	rale Colored wido		July 4, 1890	ost birthdoff Month	der 1 Yr. It Under 24 Hrs. s Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN a during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	OLONIA CE (Sjote or foreign	in country) 12. Cl	TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	-1	14. MOTHER'S MAIDEN NAM	(E)	761
	Jehn Som	ell	Sauch L	nleck	
15. Yes	Wos Deceosed Wer in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	Ma Chefitte	Diff 39 m	ADDRESS ADDRESS ADDRESS
	18. 4 12.0 T 185	CAUSE OF DEAT	н	Mu Fl. All	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		Con lands	1-100	10.0
	(This does not mean the mode of dying,		A CONSEQUENCE OF:	1000112	- FILA
	heort foilure, osthenio, etc. It meons the disc injury or complication which caused deoth.)	eose,	,		
	ANTECEDENT CAUSES	18 Hype	ten sice Caron	horasculas	1/2
	DISEASES OR CONDITIONS, if ony, gi	11119	A CONSEQUENCE OF:	DISERSE	
	rise to the obove cause (A) stoting UNDERLYING CONDITION lost.	(c) (c)	Cinson no fil	1344	4/2/
-	443X II				7
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI				
OA		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED
ERTIFI	WAS PERFORMED				
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	frice bidg., thJURY OCCUR?	(It in Boltimore City, g	give exact location)
EDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	(APPROX)	While At Not Whi			
	22. I certify that (1) (this haspital) attend	led the deceased from	0-8-6/1	9 to	8 68 19
	that (1) (we) lost sow the deceased alive	on 3-8-68	19ond the	ot in (my) (our) opinion de	oth occurred on the dote
	and hour and from the causes stated about	ve. (1) (We) (did) (did not)	view the body after death.		
	23A. SIGN ATURE	Δ.	ending Med.	Shaff	ATE SIGNED
13	forman Such	A DOEGREE Phy	s. Director	Phys. L	3/13/168
	23C. PHYSICIAN'S NAME (Type)	11/1/18/11/2	23D. ADDRESS 56.8.110.110	bolin it &	Each That
244	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 240 TO	CAHON (City, town	, or county) (Stote)
X	Burial 3/12/68	Wikulus Mos	nitare Un	Kitter Bite	not mil-
25A	. DATE REC'D BY HEALTH DEPT. 258 NA	OF REDISTRAR	75C FUNERAL DIRECTOR	a neather	ADDRESS
	MAR 15 1968 Robert 2.	Toubelline	Freiby Y-VI	ue 222201	1. narhuse
VS	1 SO-REV. 1/1/68 %		1		~ 4P



100	68- 2927 CERTIFIC	CATE OF DEATH REG. NO. 68- 2927
1. N	H NO. AME OF DECEASED o or Print) RENA BOWE	2. DATE AND HOUR OF DEATH 3-11-68
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A, STATE B, COUNTY
HO	LNAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2007 EAST LANVALE STREET BALTIMORE, MARYLAND 21213	MARYLAND CITY OF BALTIMORE C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER
5. S	6. RACE 7. MADDIED NIEVED MADDIED D	2007 EAST LANVALE STREET 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs
F	6. RACE 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	9/5/8/ lost birthday 6 Months Doys Hours Min.
done	during most of working life, even if retired)	VA.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5 1	THOMAS JACKSON Vas Deceased Ever in U. S. Armed Forces? [16. SOCIAL	MARTHA 17. INFORMANT ADDRESS
	Vas Deceased Ever in U. S. Armed Forces? on or unknown) (If yes, give wor or dates of service) SECURITY NO.	Dorothy Smith 2007 E. LANVALE ST
ICATION	DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF: YEAVS 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
RTIFIC	WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)	g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location), office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not Y Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) lost saw the deceased olive an MlMM	7 19 08 and that in (my) (our) opinion death occurred on the data
	ond hour ond from the couses stated obave. (!) (We) (did) (did na	
	23C. PHYSICIAN'S NAME (Tyne)	Attending Med. Shoff XX 3-13-68
24A	HARMON J. EYRE, M.D., BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF 24C. NAME OF 24C	
2SA	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADORESS
	150-REV. 1/1/68	Joseph J. Locks X 1304 n. Central



death. 0 prior DW deceased disposition the uo final attendance 0 med mbal ular 0 01 9 are remains Was an the physi fore to the hospital Ŷ obtained 9 pup be ot hospital eath) the body was released must An accident O 0 pproval 0 prior to d eceased 0 o Was O

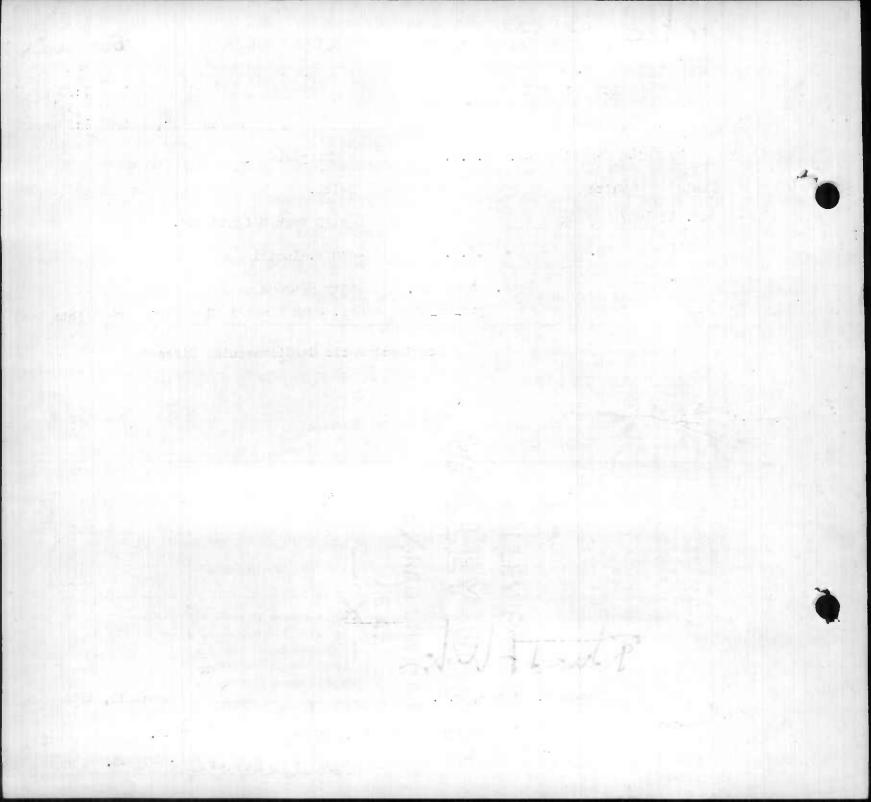
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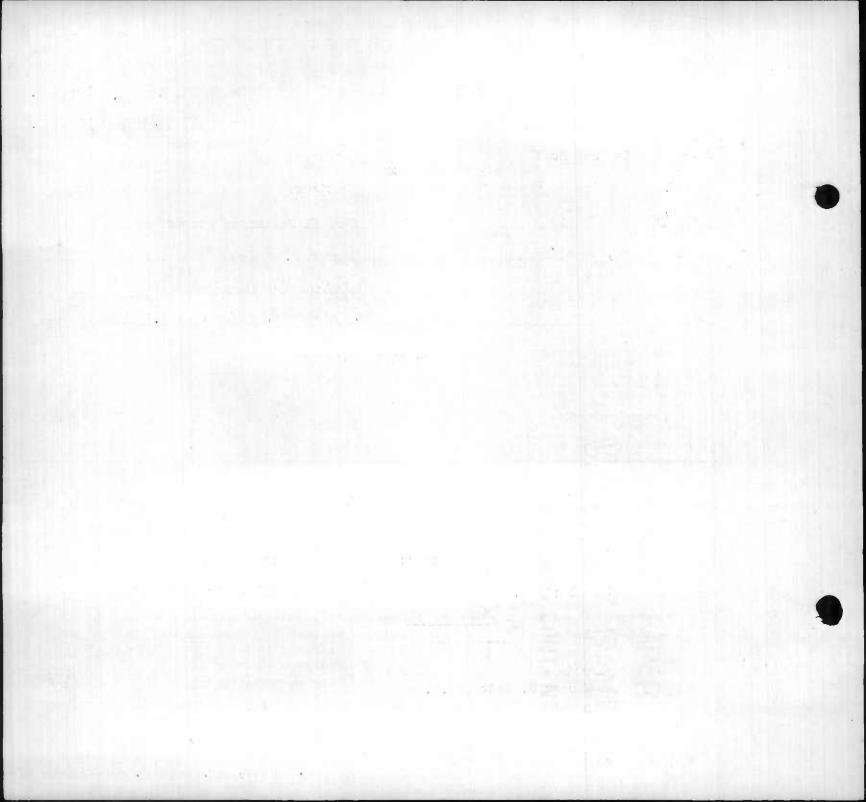


This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be abtained befare the remains are embalmed ar final disposition is made.

68 2930 BALTIMO	ORE CITY HEALTH DEPARTMENT	
11120	IFICATE OF DEATH REG. NO. 68 2930	
(Type or Print)	2. DATE AND HOUR OF DEATH A CTCL 12 19181 430	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE 8. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION)	1 M 3 Q 1 A C A D M 1 A	
	Salture YES NO	
332 ours Hobring Hard.	E. STREET AND NUMBER	
	RCED 18 1922 46	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I done during most of working life, even it retired)	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
DOMOESTIC 13. FATHER'S NAME	Leesburg, Va. 21.5, A.	
11 10-08'	Complete the contract	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 16. SOCIAL SECURITY I		
NO CAUSE C	OF DEATH OF DEATH OF DEATH	
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE CAUSE Corumana fosi (ho		
(This does not meen the mode of dying, e.g., heart failure, osthenia, etc. If means the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES	Maria a cominante	
Diez tete on contentione, il diff. giving	TO, OR AS A CONSEQUENCE OF:	
rise to the obove cause (A) stoting the UNDERLYING CONDITION last. (C)		
773 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	nne	
19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERAT	ION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
WAS TERFORMED 21 A. ACCIDENT WAS UNDERLYING 1 21 BAPLACE OF INJ	16 No	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	URY (e.g., in or about 21C. WHERE DID , street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCL	JRRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) Work	At Work	
22. I certify that (I) (this haspital) attended the deceased from Merch 1967 to Merch 2 1967.		
that (I) (we) last saw the deceased alive an	19 0 and that in(my) (aur) apinian death occurred an the date	
and have and from the causes stated abave. (1) (W (did) (hid nat) view the bady after death. 23A. SIGNATURE		
() from His DEGREE Phys. Attending Med. Shoff 3/12/64		
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS		
Or 20011 Hame DEGREE 3 OUNT HABERT 1/03/)		
REMOVAL (Specify)		
Busia 3-17-68 Mt. Calvary Cenetery Anne Hrunde Co. Md.		
MAR 15 1968 Poly & E. Farburna VS 150-REV. 1/1/68	Kandolphy Ceollick 2431 E. Oliver St.	

Praedanting of NO. Named to the King of the State of the State

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68-2931
I. NAME OF DECEASED	2. DATE Knawn XX Month Day Year Hour
(Type or Print)	OF The state of th
SANDRA Lee THIESS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted March 11, 1968 12:40 PM
	PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	March 11, 1968 12:40 Pm
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A, STATE B, COUNTY
Johns Hopkins Hospital	Maryland
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES X NO
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	4
3/9/168 last birthday) Months, Doys, Haurs, Min.	2/22 E Toffenson Church
1. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	2432 E. Jefferson Street 13. FATHER'S NAME
Baltimara Manuland WHAT, COUNTRY?	1 1 0 71.
Baltimore, Maryland 27* USA 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Joseph D. Ihiess
one during most of warking life, even if retired)	
Student	Patricia Ann Danaken 18. INFORMANT ADDRESS
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (17. SOCIAL SECURITY NO.	4 0
No None	Mr. Joseph 1. Thiess 17 N. Linwood Ave
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	1. 7.1
LEADING TO DEATH MULTI	ple Injuries
	AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANITECEDENIA CALIFEE	
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
E-8/24 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
228. PLACE OF INJURY (e.g. home, form, factory, street, offi	, in or obout 22C. WHERE DID (If in Baltimore City, give exact lacation) ce bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB- hame, farm, factory, street, offi	Fayette and Lakewood Avenues
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	
	WHILE Redestrian struck by truck
23.	Total Later Berden by Crack
I certify that I held an Inquiry Inspection X A	and that on this basis, death in my opinion
resulted from: Notural couses Accident X Suici	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL //// 1 South	ASSISTANT MEDICAL EXAMINER
SIGNATURE WALL - M.	D. 3/12/69
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 3/12/00
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 3/15/68 Holy Redeem	er Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAR 15 1968 Roberto E. Farbura	John A. Moran Inc. 3000 E. Baltimore
VS 151-REV. 1/1/6B	in the money of the comore.



death assistant the chief medical examiner

a hospital and ause of death

Undetermined cause; (5) Deceased

contributing

or

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Also,

examiner.

medical burns;

by (2)

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his certificate must be the body was released any nature;

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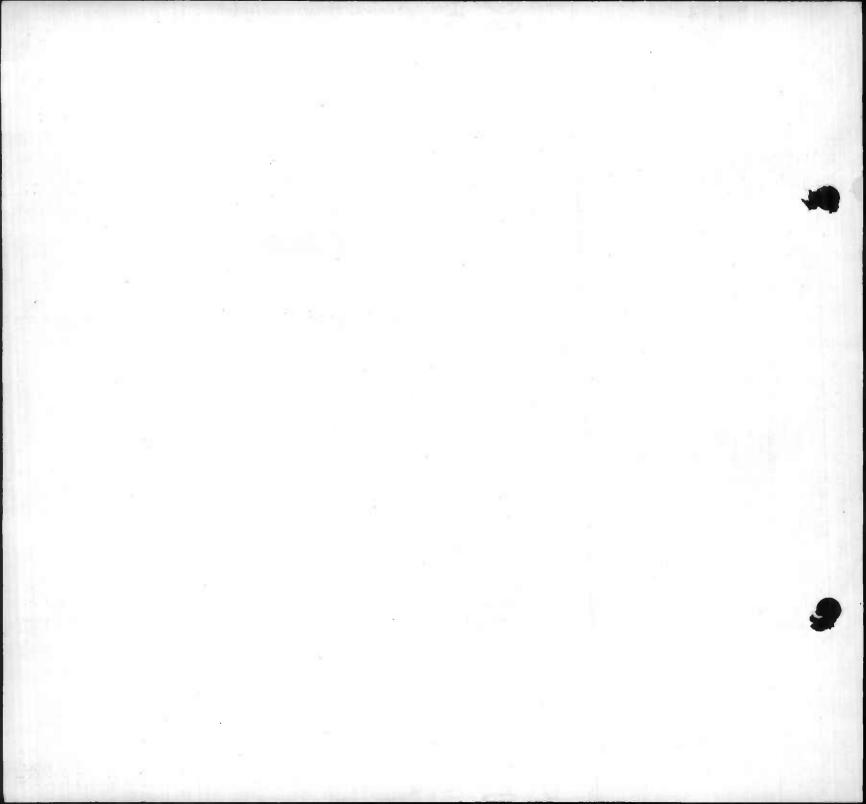
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(3)

Body

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 2932 CERTIFICATE OF DEATH Such BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) eath. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY, 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD CITY OF TOWN FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ŏ HOSPITAL OR ADDRESS OR LOCATION D. INSIDE CITY LIMIT 0 NO YES sed prior Sequoia E. STREET AND NUMBER 9. AGE (In years 5. SEX 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH If Under 24 Hrs. 6. RACE If Under 1 Yr. deceased lost birthdoy Months! Doys Hours WIDOWED DIVORCED disposition is IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PRICAL ALTIMORE the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LO 15. Was Deceosed Ever in U./S. Armed Forces?
(Yes, no or unknown) (Ilf yes, give wor or dotes of service) 6. SOCIAL final SECURITY NO. attendance 0 18. 4 APPROXIMATE INTERVAL 9 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, Fe.g. DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease injury or camplication which caused death. gular PEP ANTECEDENT CAUSES 9 the remains are DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giring 1884 slating The ta the above cause (A) UNDERLYING CONDITION last. MOS ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAT physician DISEASE OR CONDITION GIVEN IN PART + (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL ° DEATH (notify medical examined obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) Work At Work and 19 6 U 22. I certify that (1) (this hospital) attended the deceased from eath); that (I) (we) lost sow the deceased alive on. 19 and thot in(my) (our) apinion death accurred an the dote must be and haur ond from the causes stated obove. (1) (We) (did) (did not) view the body after death. 23A. SIGN ATURE 23B. DATE SIGNED ठ Attending [Med. Staff 0 Director Phys. written approval 23D. ADDRESS prior 23C. PHYSICIAN'S NAME (Type) nowthin 4000 24A. BURIAL CREMATION, deceased 24B. DATE CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 0 FUNERAL DIRECTOR ADDRESS

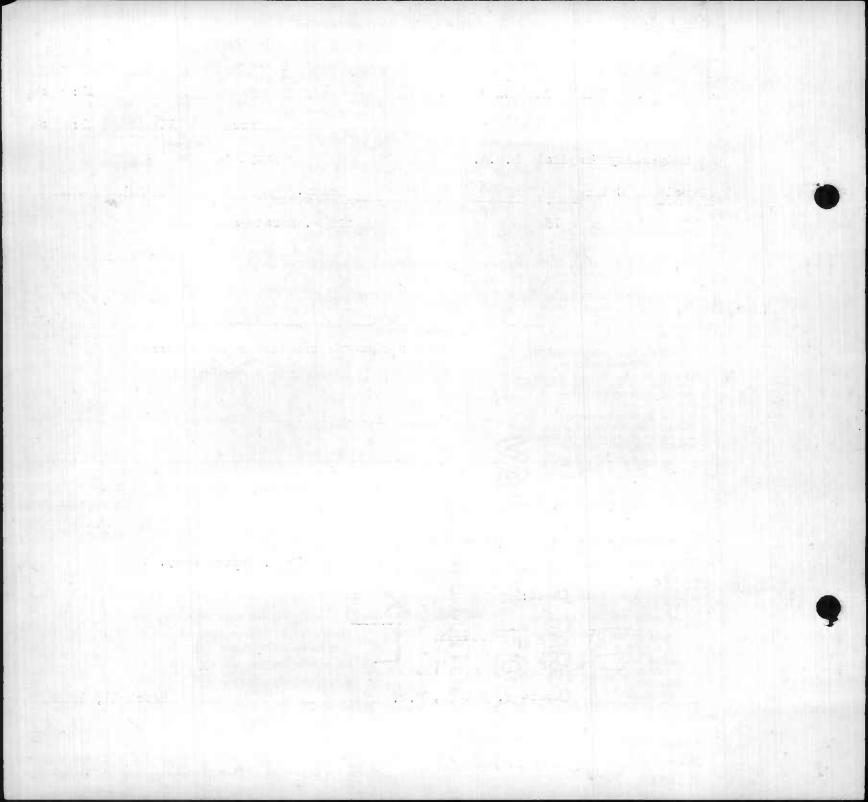
VS 150-REV. 1/1/68



11-252 68- 2933 BALTIMORE CITY H	EALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 68- 2933
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known X Month Doy Year Hour
JOHN McKNIGHT	DEATH Estimated 3 13 68 2:20 a M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
OLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 18 ADDRESS OR LOCATION)	March 13, 1968 2:20 a M
OR ASSINATION TO ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Court Polts Con Hospital D.O.A.	A. STATE B. COUNTY
South Balto. Gen. Hospital D.O.A. 5. SEX 7. RACE B. MARRIED NEVER MARRIED	Maryland J.C. CITY OR TOWN D. INSIDE CITY LIMITS
Male Colored WIDOWED DIVORCED	Balto. YES W NO L
D. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. lost birthdoy) Months, Days, Haurs, Mir	
Jan. 18, 1904 64	303 N. Stricker St.
1. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
S.C. WHAT COUNTRY	DONN MEKNIGHT
4A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME
ane during mast of warking life, even if retired).	LUPNANN FORROM
6. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18. INFORMANT ADDRESS
Yes, na a cunimawn) (If yes, give wor or dates of service)	3 Togenh DATONES 5129 West Hills Rd.
100 427-07-603	
19. 4 13 XI	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	Pronchial Asthma
LEADING TO DEATH	CAUSE Pulmonary embolism
(This does not mean the mode of dying, e.g., DUFTO O	R AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL Hypertensi	ve arteriosclerotic cardiovascular disease
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
D ALE OF OPERATION 2001. CONDITION FOR WHICH OPERATION	WAS PERFORMED
	YES
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- 22B. PLACE OF INJURY (e.g. hame, form, foctory, street, af	g., in or obout 22C. WHERE DID (If in Boltimare City, give exoct location) fice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WORK
23.	TORK 🔲
I certify that I held an Inquiry Inspection A	autapsy 🗓 and that an this basis, death In my opinion
	ide Homicide Undetermined manner
resulted from: Hatural causes Accident Suic	CHIEF MEDICAL EXAMINER
ACTUAL AND	DATE SIGNED
	.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	March 13, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME CEMETER	Y or CREMATORY 24D, LOCATION (City, (own or county) (State)
2014121 3116/1067 1115 CAN	Varid Om MAXA: TILA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ZSC. FUNDINAL DIRECTOR ADDRESS
-/ 0 / 0 T. O HS	of giller of the state of the
MAR 15 1968 Obles E. Tarbeigh	V VIIIIIM VIMOLAN HOME 3/94/KARAWA
	ANNOVATIVE MANISTRACTION OF THE TOTAL OF THE

Letter from M.E.'s office 4-18-68 M.H.

VS 151-REV. 1/1/6B

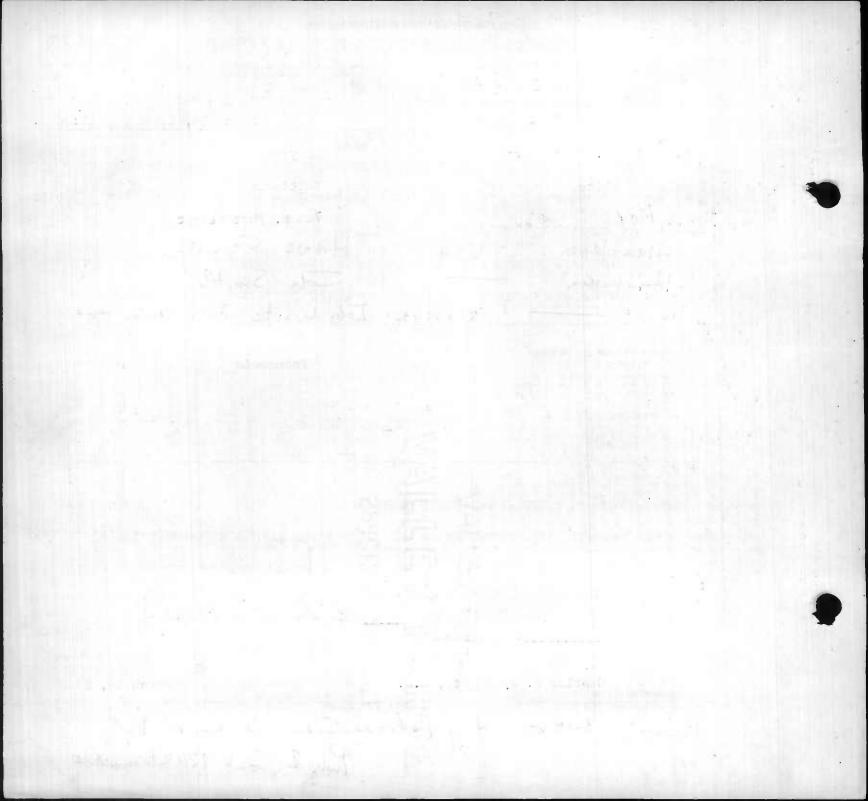


P426 68- 2935 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	68-	2935
MILDICAL	FVWWIII 4FV 2	CERTIFICATE		DLA III DEC NO	UU	1000

BIR	TH NO.		MILL	ICAL		MIII AEK O	SEKTITI	CAILO	ו טבאו	REG. NO	00	1200	
	NAME OF DEC	EASED		p=			2. DATE	Knawn 🗌	Manth	Doy	Yeor	Hour	
(Type or Print) LAURA [PALCHER			OF DEATH	Estimoted 2	3				М.				
4. [PLACE IN BALT						3. DATE	INICED DEAD	Manth	Day	Yeor	Haur	
HO	L NAME OF	(IF NO	T IN HOSPITA	L OR INS	TITUTION,	GIVE STREET	PRONO	INCED DEAD	March	14, 1968		12:30	Am.
OR	INSTITUTION						5. USUAL R	SIDENCE (Who	ere deceosed li	B. COUNTY	residence l	before odmis	sion)
	00	703 N.	Port :	Stree	et		A. JIAIL	Marylan	ıd	B. COUNTY	1	A B	1
6.	SEX	7. RACE		B. MARE	RIED N	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	LIMITS	- 1	September 1
1	Female	Whi	te	WIDOV	WED D	DIVORCED [Baltimo	re	YES		NO 🗆	
2.1	ATE OF BIRTH	1	10. AGE (In	yeors		Yr. If Under 24 Hrs.	E. STREET	ND NUMBER					
		107	-64	260				703 N.	Port St	reet			
11.	BIRTHPLACE (S			TITO I	12. CITIZ	EN OF COUNTRY?	13. FATHER		-	1-7			
	4 - 6	inylo			U	34.	1	ANG	nelo	2112			
l 4A dan	during most of w	orking life, ev	en if retired)	14B. KIND	OF BUSI	NESS OR INDUSTR	Y 15. MOTHE	Y'S MAIDEN N	AME	1			
		ne hel					,	tola	JMIT	4			
	WAS DECEASE , na or unknown)					SOCIAL SECURITY NO.	IB. INFORM	1	G-		DRESS	1	
	No				12	12014567	Lola	Wal	6 5	117 Bal		the	
	19.4	X				CAUSE OF DEA	TH					PROXIMATE IN VEEN ONSET A	
			ITION DIREC	CTLY				_					
		LEADING TO	DEATH made of dy	no o o		(A)IMMEDIATE		Pneum	onia				
	heort foilure,	asthenia, etc	It means the	disease,		DUE 10, OR	AS A CONSEQ	UENCE OF:					
	injury or com	phedion will	cii cabseb de c	,									
		NTECEDENT				(B)	AS A CONSE	DUENCE OF					
	RISE TO THE	ABOVE CA	USE (A) STA	ING THE		DOE TO, OK	AS A CONSE	VUENCE OF:					
Z	UNDERLYIN	IG CONDII	ION LASI.			(c)			ete de l'Arthris de de merce de qui de de 10 de 10 de 10				
E	4931	X ISIGNAL CO.	II	SALTOLDAL	TING			11 L. L.					
CERTIFICATION	TO THE DEA	ATH BUT NO	T RELATED TO	THE TERM	MINAL								
RTIF			N 20B. COM			CH OPERATION W	AS PERFORM	ED			21. AUTC	PSY? (Yes a	r Na)
	1												
EDICAL	22A. EXTER!	VAL CAUSE	WAS		22B. PLAC	E OF INJURY(e.g.,	in ar about 2	2C. WHERE DI	O (If in Baltima	re City, give exac		es	
음	UNDERLYING				hame, farr	n, factary, street, affic	e bldg., etc.) II	AJURY OCCUR	? `				
Z			Doy) (Year) (Hou	(F) 22E.1N	IJURY OCCURRED	2	2F. HOW DID	NJURY OCC	UR?			
	(APPROX.)				m. WHILE		WHILE WORK						
	23.				III. WORK		TORK -						
	I certi	ify that I h	eld an I	nquiry [Ins	pection Au	topsy X	and that on	this basis,	death in my o	pinlan		
	result	ed from: N	loturol cau	ses	Accid	ent Suici		micide 🗌		ned manner]		
	1.071141	On		1,	(',	4		CHIEF MEDICA	L EXAMINER			DATE SIGN	VED
	ACTUAL SIGNATU	JRE U	ans	2	1	In M.C	ASSI	STANT MEDICA	LEXAMINER	LX			
	EXAMINI NAME (T		harles	S. S	pring	ate, M.D.	ASSC	CIATE MEDICA	L EXAMINER	□ Mar	ch 14	, 1968	
	A. BURIAL CREA		24B. DATE		24C. N.	AME of CEMETERY	or CREMATO	RY 24	D. LOCATION	(City, lawn,	or county) (Sto	le)
I C	Bure	1	3-18-	68	He	ely Reale	emen (outry	15m1h	mil	Wol.		
25	A. DATE REC'D			-	and the last	REGISTRAR	25C-	UNERAL DIREC	TOR	AP	DRESS	1	
	MAR 1	5 1968	Rober	34	Fall	ev M.B	17	ily & (voch	1211Ch	cha	fre.	

VS 151-REV. 1/1/68

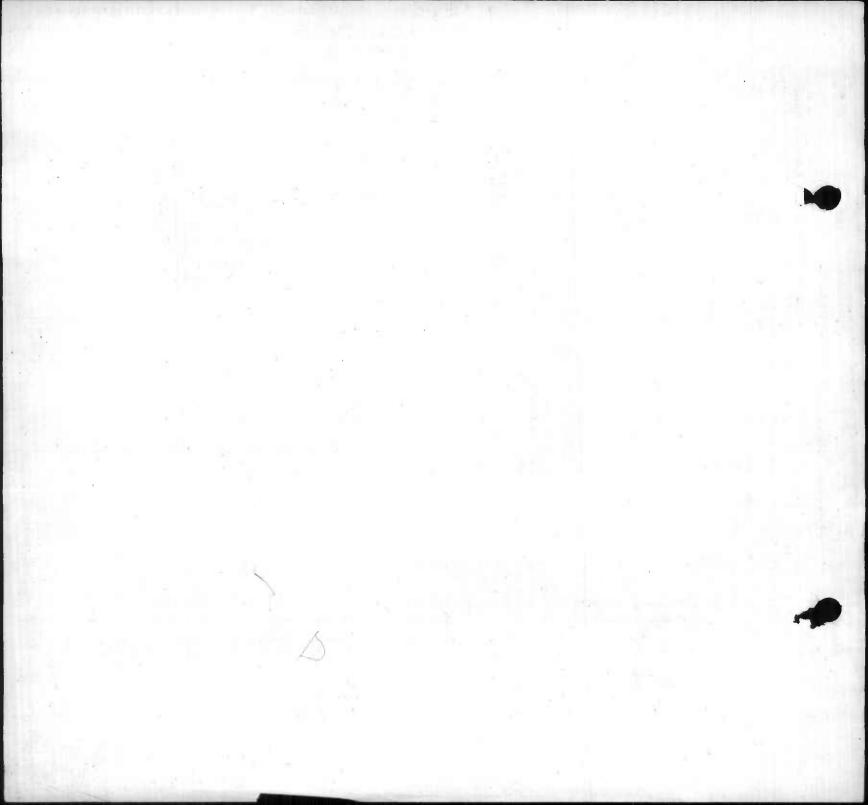


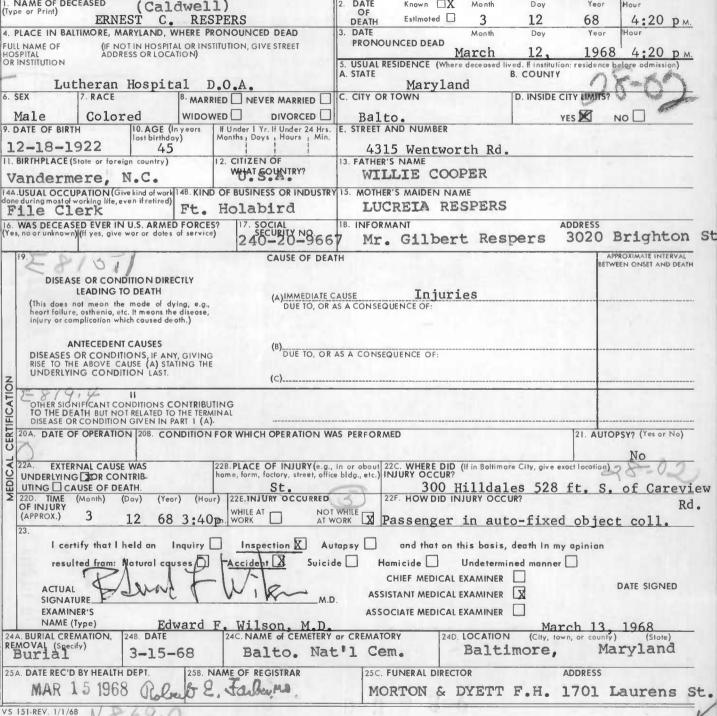
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VS 151-REV, 1/1/68

This certificate must be comproved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	HEALTH DEPARTMENT
10-300 68- 2937 CERTIFICA	TE OF DEATH REG. NO. 68- 2937
INAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Nodd, davenia	3-13 68 1 1,43 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MO CONTROL TOWN
INSTITUTION	Batimore D. INSIDE CITY LIMITS?
or is come How tal	E. STREET AND NUMBER
Mrankin Square 1109001 41	504 N. (ARROLYON AVE
S. SEY 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost bightay) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDOWED DIVORCED LINA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	(1 (8).
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
A M CO	11. 01 11
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	t cl M. Care
118, CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	
hearl failure, asthenia, etc. II means the disease,	A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES	1. 0 +
DISEASES OR CONDITIONS, if any, giving DUE TO, ON AL	pertensions dialector one year
rise Ia The above cause (A) slating the UNDERLYING CONDITION last.	O.A
493X II	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). U 179A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Nol) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, c	
DEATH (notify medical examiner)	ince sings, intoxi occox.
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Work Not Whit	
22. I certify that (1) (this hospital) attended the deceased fram	2/23 68 19 to 3-13 1968.
that (I)(we) ast saw the deceased alive an 3-13	19 6 and that in(my) (aur) apinian death accurred an the date
and haur and fram the causes stated abave. (1) (Me) (did) (did nat)	
23A. SIGNATURE	anding Med. Shoff A
23C, PHYSICIAN'S DEGREE Phy	
NAME (Type)	F 10: 6 4 0
24A. BURIAL CREMATION 248. DAYE 24C. NAME of CEMETERY OF CR	EMATORY (240. LOCATION) (City, town, or cough) (Stote)
REMOVAL (Specify)	Standard
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR TIS FORWARD ADDRESS
MAR 15 1968 P. O. A & Fr. Ampa	En Wilson Wil Branthey Kalts mel
VS 1S0-REV. 1/1/68	

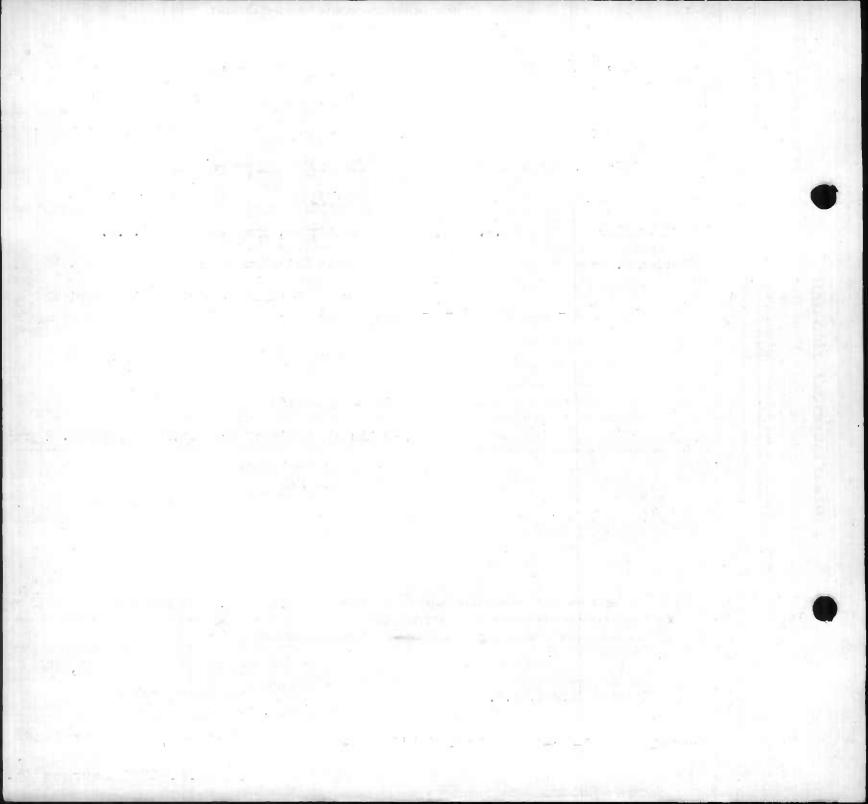




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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

(7-200 68-	12260	TE OF DEATH	REG. NO	68- 2939		
1. N	TH NO. AME OF DECEASED of Print) COOK, Warren I		2. DATE AR	ND HOUR OF DEATH	4:00 A		
FU	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe a. STATE B. COUNTY Maryland	ere deceased lived, If in NTY	stitution: residence before admission)		
IN:	Veterans Admini	stration Hospital Boulevard	C. CITY OR TOWN Baltimore E. STREET AND NUMBER				
	Baltimore, Mary	land 21218	700 Bartlett A		100		
5. \$	Male Negro	7- MARRIED X NEVER MARRIED WIDOWED DIVORCED	4/3/36	9. AGE (In years tost birthdoy)	Months Days Hours Min.		
	. USUAL OCCUPATION (Give kind of work e during most of working life, even if retired) Mail Handler	U.S. Government	Baltimore, Ma		U.S.A.		
13.	Charles R. Cook		14. MOTHER'S MAIDEN NA Doris Elizabe				
15. (Ye	Wos Deceosed Ever in U. S. Armed For s, no or unknown! (II yes, give wor or date Yes 9/21/54 - 8/	s of service) SECURITY NO.	17. INFORMANT Re v ords Vetera Baltimore, Ma		ration Hospital		
CATION	LEADING TO DEATH (This does nat mean the made af heart failure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. 3 8 1 I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	dying, e.g., the disease, death.) Acute any, giving stating the C. Alcoho NTRIBUTING Lower n HE TERMINAL TIMESTA	pancreatitis A CONSEQUENCE OF: pancreatitis A CONSEQUENCE OF: lis cirrhosis of the consequence of the cirrhosis of the cirr	f the liver	approx. 2 yrs		
AL CERTIFIC	WAS PER	oer quadrant mass	No n or obout 21 C. WHERE DID	IN CERTIFYING CA	USES OF DEATH? re City, give exact location)		
MEDIC	21 D. TIME (Month) (Doy) (Year) (APPROX.)			JURY OCCUR?			
	ond hour orderom the couses sta 23A. SIGNATURE 23C. PHYSICIAN'S	od olive an March Lith and obave. (We) (did) (April) v	February 21st 1968 ond to the body ofter deoth. Inding Med. Director 23D. ADDRESS 3900	Stoff X Loch Raven	23B. DATE SIGNED March 11, 1968 Boulevard		
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 3-18-	24C. NAME of CEMETERY OF CRI		Baltimore,	1218 ity, town, or county) (Stote) Maryland		
	MAR 15 1968 Pole	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS 1701 Laurens St		
VS	150-REV. 1/1/68						



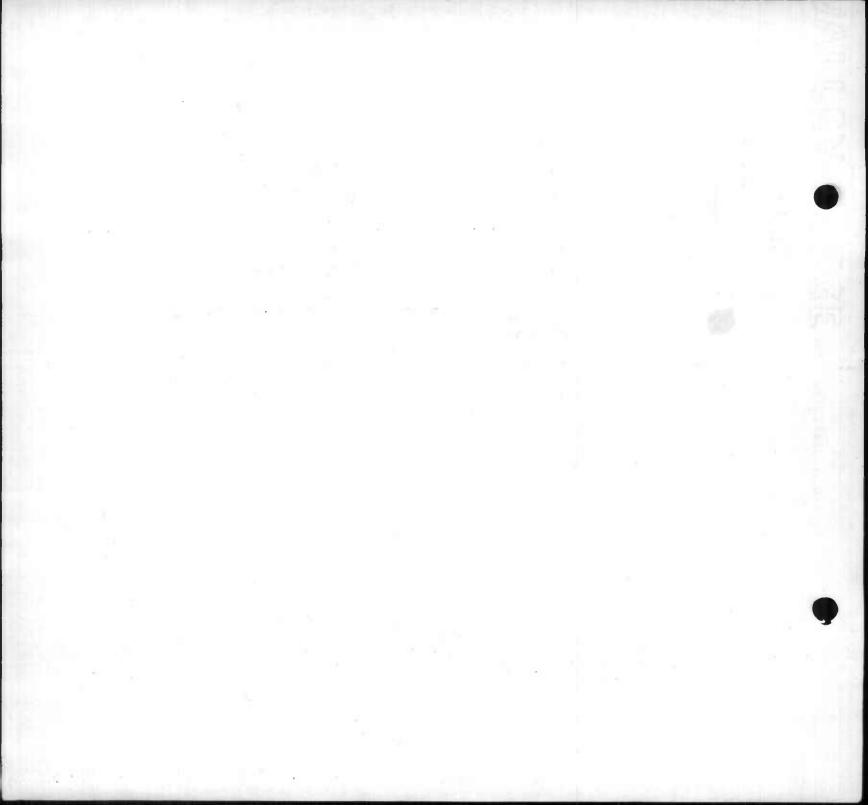
	GO. O.	BALTIMORE CITY	HEALTH DEPARTMENT		68- 2940
-	5-530 68-2	CERTIFICA	TE OF DEATH	REG. NO	00 0030
	TH NO. AME OF DECEASED			ID HOUR OF DEATH	
	SMITH,	# RANKIE	6	13-68	9:10 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md.		00-02
IN!	TITUTION	11.12	Baltimor	4.4	YES NO
//	6 Lutheran Hosp	. of Md. Luc.	E. STREET AND NUMBER		A
S. S	EX 6. RACE 7. ASADE			auretta 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	F C WIDOV		5-28-25	lost birthdny	Manths Doys Haurs Min.
	. USUAL OCCUPATION (Give kind of work 10B. KIN) a during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fare	gn country)	12. CITIZEN OF WHAT COUNTRY?
10	Clerk Lep	4. Hore	Woods da les	N.C.	U.S. H.
13.	FATHER'S NAME Robert Baird		Beulah	Baird	
	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No.	237-42-5810	Mr. Lawrence	Smith a	2505 LAURE HA AU
	18. 18.0 1	CAUSE OF DEAT		r 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Acute		y tdemo	> I Hr.
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		00 444 444
	injury or complication which caused death.)	Seve	ere Auen		> 1 Yr.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	(B)	A CONSEQUENCE OF:		/ 1 Tr,
	rise to the above couse (A) stating UNDERLYING CONDITION last.	9		the Ceru	1/x ? > 1 Yr.
~	171X II		/		
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN				
ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		No	IN CERTIFYING CAL	USES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21 C. WHERE DID injury OCCUR?	(If in Baltimare	e City, give exact location)
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
×	(APPROX.)	While At At Wark			
	22. I certify that (1) (this hospital) ottend		3-13	1968 ta	3-13 1968,
	that () (we) Jest sow the deceased alive	on 3-13	19_68ond th	ot in (my) (aur) opii	nion deoth occurred on the dote
	and hour and from the couses stated above	e. (H) (We) (did) (did not) v	iew the body after deoth.		
	23A. SIGNATURE	100		/	23B, DATE SIGNED
	Notonez	DEGREE Phy		Staff Phys.	3-13-68
	23C.PHYSCIAN'S NAME (Type) R. J. DUREZA		clo Luthe	van Hos	P. of Md. Inc.
244	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	AME of CEMETERY OF CRI	MATORY 24D. L	OCATION (CI	ty, town, or county! (State)
1	QuRIA1 3-18-68	Da Ho. NAT	L Cem. 9	Sn He	ord.
257	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	PSC. FUNERAL DIRECTOR	115	ADDRESS
Ve	MAR 15 1968 Reut E.	1 Choop, and	MORTON E	1 yett T.	TI 1101 LAUREN
A 2	13V-NEV. 1/1/09		•	7	

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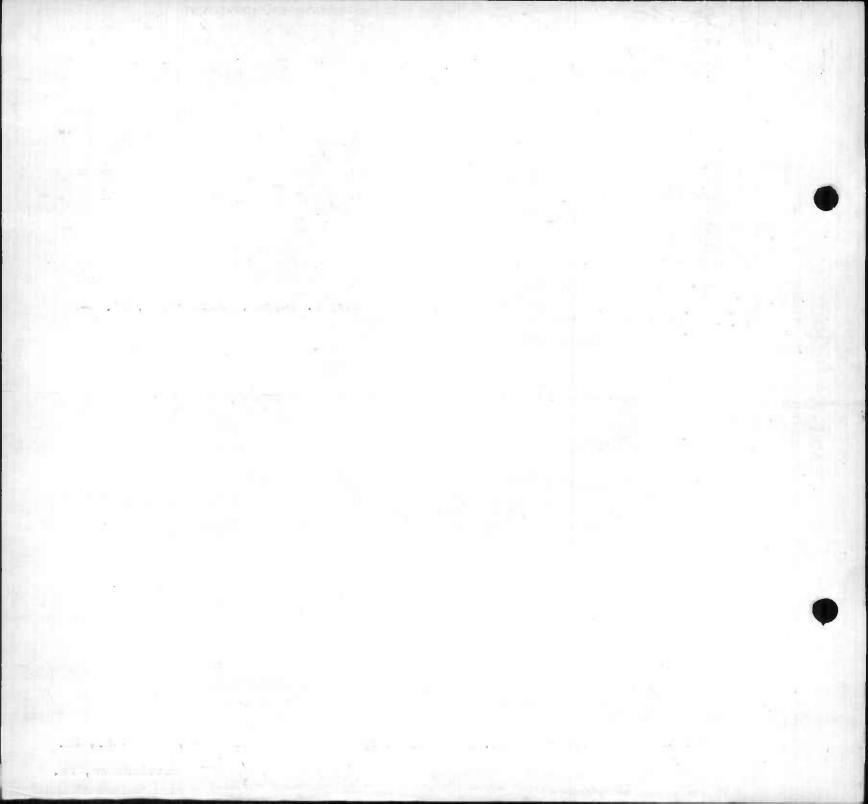
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

2-11	100 68	- 2941 CEDILLICA	HEALTH DEPARTMENT		00.44
10-4	00	CERTIFICA	TE OF DEATH	REG. NO.	8 2941
I. NAME OF E	DECEASED			ID HOUR OF DEATI	H
(Type or Print)	BENEDICT BI	ASZAK		RCH 14, 1	
3. PLACE IN I	BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (When	re deceased lived. If	institution: residence before admission)
FULL NAME OF	OF (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	A. STATE B. COUN RALTIMORE	, MARYLA	
INSTITUTION	ADDRESS OR EOCA		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
35	CHURCH HOME	& HOSPITAL	E. STREET AND NUMBER		AES X NO
			1816 BANK	STREET	
5. SEX	6. RACE	7- MARRIED NEVER MARRIED WIDOWED A DIVORCED		9. AGE (In years lost birthday) 74	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		10B. KIND OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY
done during mos	t of working life, even if retired)	J.S. YOUNG CO.	POLAND		U.S.
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NAM	ΛE	
7.V	GMUND BLASZA	K	STANISLAWA		
S. Wos Deceo	sed Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	ja .	ADDRESS
	own) (If yes, give wor or dote		0 077-110	Man.	144001
NO		212-10-09'	Anni I demonstrated	1914/1	APPROXIMATE INTERVAL
18. 4	21144	/ D X	п		BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIE LEADING TO DEATH		10 /-	-/ , 1	
(This doe	s nat mean the made of	dying, e.g., (A)IMMEDIATE CA	USE COTON Wry lez	wy Dese	tal
heart failu	ure, asthenia, etc. II means camplication which caused	the disease,	A CONSEQUENCE OF	,	
injury ar		dedin.)	111		
	ANTECEDENT CAUSES	(B)	u/luenze		
	OR CONDITIONS, if the above cause (A)	//	A CONSEQUENCE OF		
	ING CONDITION last.	(C)	***************************************		
- 420	1 1				
4	INIFICANT CONDITIONS CO				
	EATH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR				
U 19A. DATE		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE	AA W2 LEKI	FORMED		IN CERTIFING C	AUSES OF DEATH?
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, farm, foctary, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Baltim	are City, give exact lacation)
O 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	Υ	While At Not Whi	le 🗖		
		Work At Work			
22. I cert	tify that (1) (this haspital) attended the deceased fram	2/12/	1965 to The	arch 14, 1968
that (I) (v	we) last saw the decease	ed alive on March			pinian death accurred an the da
and have	and fram the causes stat	ted abave. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGN	ATURE	0 2:			23 B. DATE SIGNED
1/2121	dans Hours		ending Med.	Staff	2/15/18
23C. PHYSI	CIAN'S	OEGREE Phy	23D. ADDRESS	Phys.	1 3/10/30
NAM	E (Type)		200 6-	1	Ball 2.1.
H	naRew 15	UNKOWSKI DEGREE	Long Gest	eru Hue	- MEK , MA . 212:
REMOVA	CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION	City, town, as caunty) (State)
BURIA	, ,	68 HOLY ROSARY	CEMETERY	DUNDALK	. MARYLAN D
	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 5
MAD	15 1968 100	A D FAILMES	JOHN M. WEB	ER & SONS	INC. 401. CHEST
/S 150-PEV 1	73748		O CARLO MAN WILLIAM	TIL OU OUNC	2 77100 7070



FUNERAL DIRECTOR: IMPORTANT

1	1/-3/20	BALTIMORE CITY HEALTH DEPARTM	
Ped Pd	II-526 BIRTH NO. Pennsylvania, 68- 2942	CERTIFICATE OF DEA	TH REGINO. US 2342
deate ease	I. NAME OF DECEASED	210m	3-14-68 1115PM M.
Dec Dec ath.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	DEAD 4. USUAL RESIDENCE	CE (Where deceosed lived. If institution: residence before odmission)
se (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, HOSPITAL OR ADDRESS OR LOCATION)	GIVE STREET C. CITY OF TOWN	D. INSIDE CITY LIMITS?
cau cau use; tend	INSTITUTION		town YES NOTE
ca at carrior	84,04511- [10sp:15]-	Dallo E. STREET AND NUM	
occurre ontribut ermined regular eased p	5. SEX MALE 6. RACE HITE WIDOWED NE	DIVORCED 1-4-6	9. AGE (In years lost birthday) 2 ULO 2 100 If Under 1 Yr. If Under 24 Hrs. Months Days 2 100 Amin.
or co ndete s in r dece	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSIN done during most of working life, even if retired)	- PA	U.S.A
irect or c.; (4) Undet h was in n the decalisposition	Terry Lee Ingra	leg Lill de	D MOR Hollinger
E 0 = 0		OCIAL 17. INFORMANT	ADDRESS
Ssissis		CAUSE OF DEATH	ngram, Littlestown, Pa. R-2.
his of an of an tend ed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	5. 6	spid ofresia
iner or ner. A acture prono ular at mbalm	(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused deoth.)	DUE TO, OR AS A CONSEQUENCE OF:	
amimimimimimimimimimimimimimimimimimimi	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS A CONSEQUENCE OF	poxia
alex lexa (3) A an w in r	rise to the obove couse (A) stoting the UNDERLYING CONDITION tost.	(c)	
medical medical / burns; physicia an was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIABLED TO THE TERMINAL OF DISEASE OR CONDITION GIVEN IN PART 1 (A).		
Body the ysici	198. CONDITION FOR WHICH WAS PERFORMED	OPERATION 20A. AUTOPSY? (Y	or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
== = = = =		E OF INJURY (e.g., in or obout n, foctary, street, office bldg., INJURY OC	
d b osp itur (6)	OF INJURY	Not While	DID INJURY OCCUR?
S X X E S	22. I certify that (I) (this hospital) attended the de-	At Work	19 (27) 3.14 1968.
0000	that (I) (we) lost sow the deceosed olive on	2. 11/	ond that in(my) (our) opinion death occurred on the date
be nt nt pit	ond haur ond from the causes stated above. (I) (We	(did) (dld not) view the bady ofter	deoth. 238, DATE SIGNED
eleas ccide a hos to de	Carlo BOD FERS M	Attending Med. Phys. Directo	Shaft [2] 3. 11/ (D)
certificate roody was revs: (1) An ac D.O.A. at a ased prior ten approve	23C, PHYSICIAN'S NAME (Type)	OEGREE 23D. ADDRESS UL	iversity Hospital
E 000	24A. BURIAL CREMATION, 24B. DATE 24C. NAME e	CEMETERY OF CREMATORY	24D. LOCATION (City, town or county) (Stote)
his certi he body hows: (1) ras D.O. eceased rritten a	Burial 3/16/68 St. Jol	ins Cemetery	Littlestown, Adams Co., Pa.
This cert the body shows: was D.C decease	MAR 18 1968 Robub 2. Forder	V 1 1	A Little Littlestown, Pa.
	VS 1S0-REV. 1/1/6B	1 1	



VS 150-REV. 171

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hous 14

APPROXIMATE INTERVAL

RETWEEN ONSET AND DEATH

ADDRESS

Leonard J Ruck Inc. Baltimore, Md.

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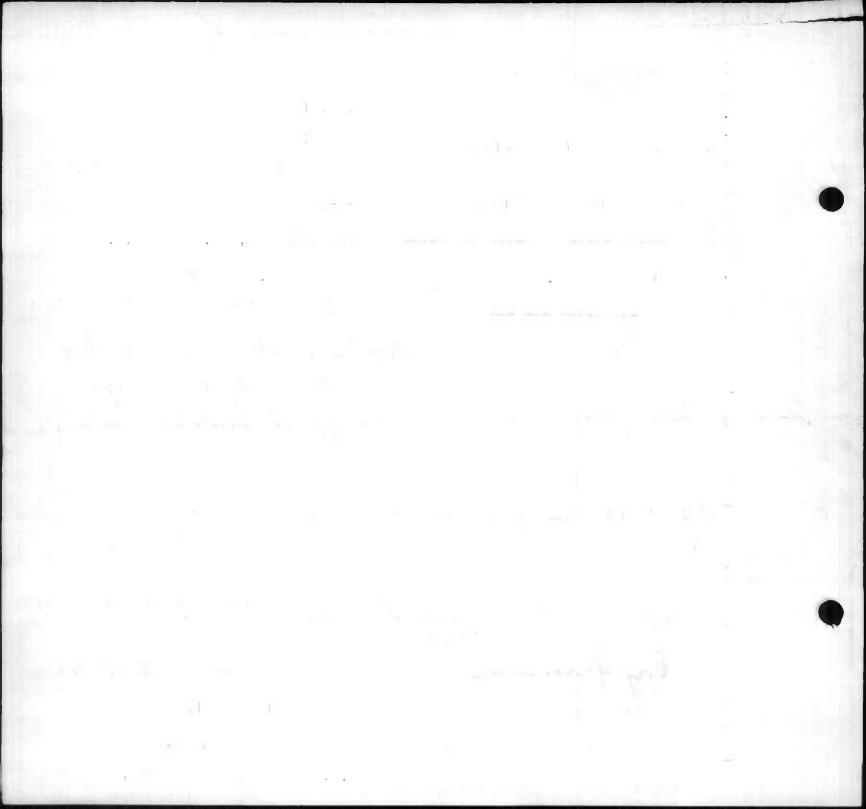
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	68- 2	D. A. A. BALTIMORE CITY	HEALTH DEPARTMENT	8/	00 0011
BIR	TH NO.	CERTIFICA	TE OF DEATH	REG. NO	68-2944
	AME OF DECEASED	A 1	2. DATE AN	D HOUR OF DEATH	5 10
ПСТУ	Darks Kath	nun lorette	3 -	-14- 69	3 561 M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence belong odmission)
	/		A.COOK	11	52 001
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D INICIA	DE CITY LIMITS?
IN:	NOITUTION		0 11. 0	D. 11431L	
(9	Mary Control	00	E. STREET AND NUMBER _	to	YES X NO
-	ranklin Square	Haco tal	E. SIREEL AIND NUMBER	- 1	
\leq		1107/1141	0029 4	OCT3 HVR	
5. 5	6. RACE 7. MARE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost Withday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	emale hi widow	WED DIVORCED	9/20165	62	
10A	. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
don	e during most of working-life, even if retired)		h1 /	/	$C \subset D$
1	touse wife		Mary la	nd	4.5,4.
13.	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
	Scalle v		Www leve	ANALAMA COTP	erine Finn
15.	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	KKYNYKKY CATI	ADDRESS
(Ye	Was Deceased Ever in U.S. Armed Forces? s, no or unknown) (III yes, give wor or dayes of serv				
	No.	217018499	Mr Coleman T H	Parks Sr.	Same
	18. 10 2 X	CAUSE OF DEAT	i		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		6000000	11.100	BEIWEEN ONSET AND DEATH
	LEADING TO DEATH	A SHAMEDIATE CAL	CARDICAC	. HYPRAT	100000
	(This daes not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	heart foilure, astheria, etc. It means the dise injury at complication which caused death.)	ose,	A CONSEQUENCE OF: HYPERTER	SIGN	
			1. 11 610		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, gi	· mg	A CONSEQUENCE OF:		
	rise to the obove couse (A) stating UNDERLYING CONDITION last.	(C)			
	77 77 6 77 11	(0)			
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN				
U	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE F	INDINGS CONSIDERED
ERTIF	WAS PERFORMED	or when oreganor	7010131, 1105 01 110	IN CERTIFYING CAU	ISES OF DEATH?
ER	21A ACCIDENT WAS UNDERLYING	218 PLACE OF INITIDAL - :	n or about 21C WHERE DID	//f In Dalain	City also another than
7	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II In Boltimore	City, give exoct location)
CAL	DEATH (notily medical examiner)	etc.)		27	
Ď	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	(APPROX.)	While At Not Whil	e 🗀		
	(AFFROM)	Work At Work			
	22. I certify that (1) (this hospital) attend	ed the deceased fram	3 - /2	19 6 10	3-14 1968
	that (I) (we) last sow the deceased alive	on 2-14	19 SA and th	ot in (my) (qur) opin	ion deoth occurred on the date
			•	3	Seem Country on the day
	and hour and from the couses stoted obov	re. (1) (me) (did) (did not) v	iew the body offer deoth.		DATE CIONES
	23A. SIGNATURE			s. A —/	23B, DATE SIGNED
	Make Arrons	DEGREE Phy	nding Med. Director	Phys Phys	
	23 C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
	NAME (Type)		7 21	· C	Hon'to
	Vak foong	M DEGREE	1sauth	u = (161ax	e nogrial
24/	REMOVAL (Special) 24B. DATE 24	C. NAME of CEMETERY of CRI	MATORY 24D. L	OCATION (Cit	y, town, or county) (Stote)
	Burial 3/18/68	New Cathedral	Ba	ltimore, Mar	vland /
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	MAR 18 1868 (7.0.	LO TOD HA	Leonard J Ruc	k Inc. Balti	more, Md
	150-REV. 1/1/68	J. C. WHATTON			

E ROKEN HYPEKTE PIN

I. NAME OF DECEASED	1		HOUR OF DEATH	-05
3. PLACE OF DEATH/IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If insti	itution: residence befare admission)
FULL NAME OF (If not in haspitol or instilution HOSPITAL OR address ar lacation) INSTITUTION	an, give street	VIRGINIA c. CITY OR TOWN (If autsid	te city limits, write RU	RAL and give tawnship)
J THE JOHNS HOPKINS HOSP	ITAL	D. STREET ADDRESS (If rue	al, give lacation)	
20		28 NEWPORT AV		23601
WIDO	WED, DIVORCED (specify)	la		If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
MALE WHITE SI 10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most at warking life, even if retired)		11. BIRTHPLACE (State or fareign		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Newsport News	, Va.	U.S.
ARCHIE HUGHES JR. 1.5. Was Deceased Ever in U. S. Armed Forces?		ANDRENE M.	COBERLY	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na arunknown) (If yes, give war ar dates of service)	se) SECURITY NO.	77 INFORMANT Hospital Chart	- Johns H	opkins Hospital
No	NONE			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			ilosis	
(This does not mean the mode of dying, of heart foilure, asthemia, etc. It means the disectinjury or complication which coused death.) ANTECEDENT CAUSES	e.g., DUE TO	tabolic Ac cardiae on valogy of	Aput	re hu,
DISEASES OR CONDITIONS, if ony, giverise to the above couse (A) stating UNDERLYING CONDITION last.	the (c)	valogy of	Fallot	101/2 grs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19 19 A. DATE OF OPERATION 198. CONDITION F	or which operation	20 A. AUTOPSY? (Yes at Na)	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
WAS PERFORMED Terrulogy 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, affect.)	ar about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
21D. TIME (Month) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Nat While At Wark			
	ed the deceased from 3	- 11 19	68 10 Mar	oh 15 19 68
22. I certify that (I) (this haspital) attended			In (my) Tour opini	ian deoth occurred on the dot
that (1) (we) last saw the deceased alive	on March 15	19 and that		
that (1) (we) last saw the deceased alive and hour and from the causes stoted obove	on March 13 e. (1) We (did) (did nat) v	iew the body ofter deoth.		
that (1) (we) last saw the deceased alive	e. (I) (We) (did) (did nat) v	nding Med. S		3-15-68
that (1) we last saw the deceased alive and hour and from the causes stoted obove	M.D. Alle Phys	nding Med. Director P	hoff hys.	
that (1) we last saw the deceased alive and hour and from the causes stoted obove 23A. SIGNATURE 23C. PHYSICIAN S NAME (Type) COY FREEMAN	M.D. Atte	nding Med. Director S 3D. ADDRESS JOHNS HO KINS	hys. B HOSPITAL	3-15-68
that (1) we last saw the deceased alive and hour and from the causes stoted obove 23A. SIGNATURE 23C. PHYSICIAN S NAME (Type) COY FREEMAN 24A. BURIAL CREMATION, 24B. DATE 240	M.D. Alle Phys	nding Med. 5. Director S 23D. ADDRESS JOHNS HO KINS MATORY 24D. LO	hys. B HOSPITAL	

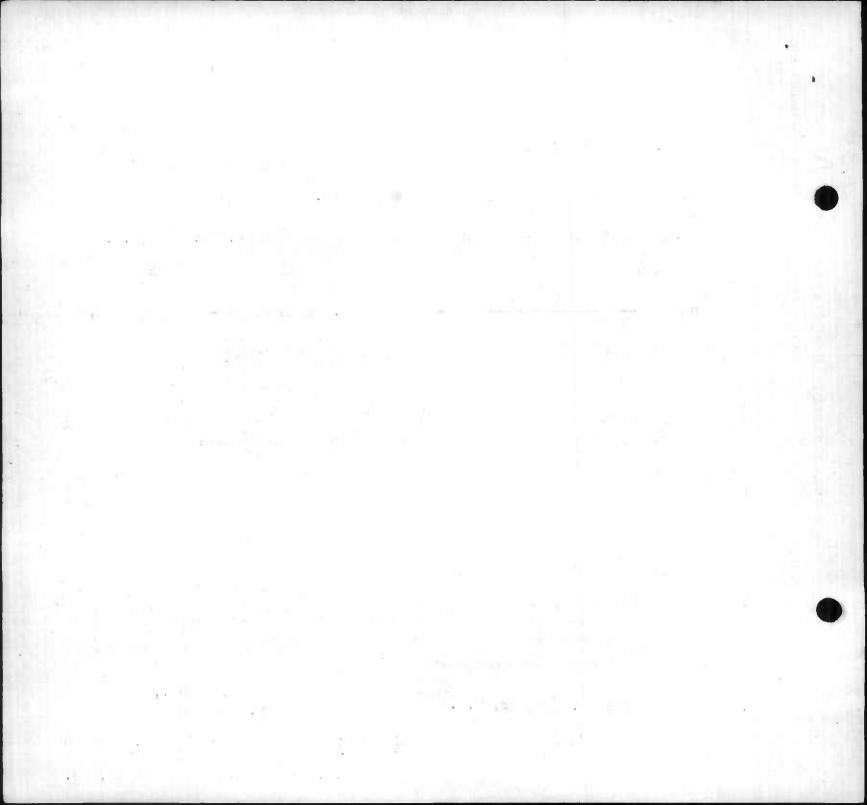


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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

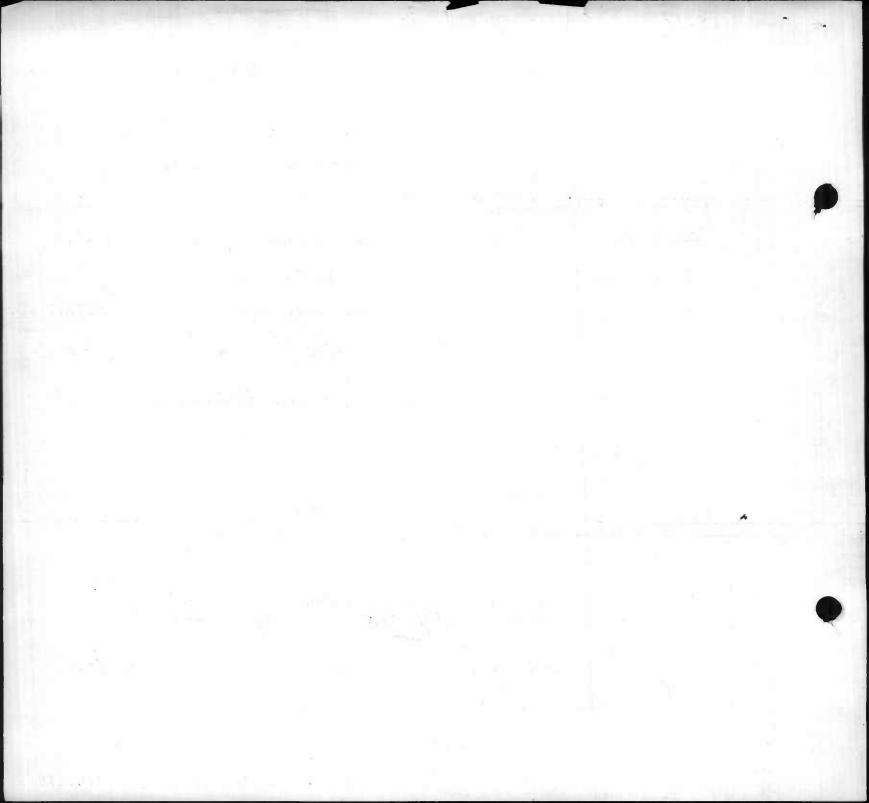
		BALTIMORE CITY	HEALTH DEP	ARTMENT			00 0040	
6	8- 294	6 CERTIFICA	TE OF D	EATH	REG.	NO	68- 2946	
I, NAME OF DECEASED	0 70 -				ND HOUR OF	DEATH		
(Type or Print) EONA	ESTEL	LE SEARS		MARC	CH 13, 1	1968	11:00 A	M
3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOL	JNCED DEAD	4. USUAL RES	B. CDU		ved. If insti	tution: residence before odmis	sion)
FULL NAME OF (IF NOT IN HO! HOSPITAL OR ADDRESS OR LE	SPITAL OR INSTITU	JTION, GIVE STREET	Maryl: c.city or to Linth:	WN	Anne Art	D. INSIDI	E CITY LIMITS?	0
/_ St. Agnes Hospi	+-1		E. STREET AN				YES NO NO	
40 St. Agries Hosp.	. Cal			hipley			(west)	
S. SEX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	RTH	9. AGE (th ye	ors 69	If Under 1 Yr. If Under 24 Months Doys Hours Mi	Hrs.
Female White	WIDOWED	DIVORCED _	2 Feb.	1889	70			
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if retire		BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or for	eign country)		12. CITIZEN OF WHAT COUN	1TRY
Packager (ret)		abouse	Anne A:	rundel	Co. Md.		U.S.	
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME			
Fulton	Kelly		N	ettie		Clark		
15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give war or	Forces? dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	IT			ADDRESS	
no		214-14-4976	Mrs. He	elen Er	dman- 9	Severr	a Park, Maryl	anı
DISEASE OR CONDITION LEADING TO DEA (This does not meen the made heart failure, asthenia, etc. II me injury ar camplication which cou	TH af dying, e.g., ons the disease,	(A) IMMEDIATE CAL	A CONSEQUENC	Mic-Mi DE OF: Sicrose	1	dial	BETWEEN ONSET AND D	EATH
DISEASES OR CONDITIONS, rise to the above cause (UNDERLYING CONDITION lost.	if ony, giving A) stating lhe	(B) DULTO OR AS	a consequen bettes	- 1	Televe)	1040	b & 4
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN 19A. DATE OF OPERATION 198. (WAS	O THE TERMINAL PART 1 (A). CONDITION FOR Y PERFORMED	WHICH OPERATION		PSY? (Yes or N	IN CERTIFY	ING CAUS	NDINGS CONSIDERED SES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.	ne, farm, factory, street, of	fice bldg., INJU	RY OCCUR?	(11 11	bonninore	city, give exact location,	
Z1D. TIME (Month) (Doy) (Y. OF INJURY (APPROX.)		ile At Not While	е	HOW DID IN	JURY OCCUR			
22. I certify that (I) (this hosp	ital) attended t	he deceased from		0.0044044400.00000	.19ta		19	
that (I) (we) last saw the dece			19 &			our) oplni	on death accurred on the	
23A. SIGNATURE Problem	V1 Ba	TEV Atte	anding s.	Med. Director	Staff Phys.	2	238, DATE SIGNED	
23C.PHYSICIAN'S NAME (Type) Frederick V. B	eitler.		23D. ADDRESS		rancis			
24A. BURIAL CREMATION, 248. DATE		AME of CEMETERY OF CRI	MATORY		, Maryl		, town, or county) (Sto	te)
Burial 3/16/		iendship Sem					co. Maryland	
25A. DATE REC'D BY HEALTH DEPT.	2SB. NAME C	OF REGISTRAR	2SC. FUNE	RAL DIRECTO	R		ADDRESS	

VS 150-REV. 1/1/68

R.V. Singleton / Glen Burnie, Md.



5	68- 2947 CER	MORE CITY	HEALTH DEPARTMENT REG. NO. REG. NO.
	ATH NO.	TIFICA	2. DATE AND HOUR OF DEATH
	MARY SHPRITZ		MARCH 13, 1968 7 P.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAL	D	A. STATE B. COUNTY B. COUNTY
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	STREET	MARYLAND C, CITY OR TOWN D, INSIDE CITY LIMITED
	STITUTION 026 BERKELEY AVENUE		BALTIMORE YES NO
0	A DERRELLY AVENUE		E. STREET AND NUMBER
5. S	SEX 6. RACE 7. MARRIED NEVER M	APPIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H
F		ORCED	lost birthdoy Manths Days Hours Min.
IOA	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNT
	HOUSEWIFE AT HOME		NEW BRITTAIN, CONN. U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
is.	LOUIS EDELSON Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL		CHAYA ?
(Yes	s, no or unknown) (If yes, give wor or dates af service) SECURIT		UP UEDUTH CUPDITY 2000 TALLETATE D
_	NO	E OF DEATH	MR. MERVIN SHPRITZ, 3222 FALLSTAFF R
	Sisting on Collection Single Sister	dotin	and fall states
		MEDIATE CAU	
	heart failure, osthenio, etc. It means the disease,	JE 10, OK AS A	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	asen	solvote Addresse gross
	The state of the s	JE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		
-	1557 II		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
FICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED	ATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTIFIC	214 ACCIDENT WAS UNDERLYING TO 1218 BLACE OF A	MILLIAN (a. a. i.	20
AL C	OR CONTRIBUTION COLUMN CONTRIBUTION CONTRIBU	ory, street, off	n or obout 21 C. WHERE DID (If In Boltimore City, give exact location) injury OCCUR?
DIC	21D. TIME (Month) (Day) (Year) (Hour) 21E. tNJURY OC	CURRED	21F. HOW DID INJURY OCCUR?
ME	OF INJURY (APPROX.) Work	Not While	°D / / / / / /
	22. 1 certify that (1) (this haspital) attended the decease		1945 19 19 19
	that (I) (we) last saw the deceased alive an	3/13/6	and that in (my) (cor) apinian death accurred an the d
	and haur and fram the causes stated above. (1) (We) (did)	(did pot) v	riew the bady after death.
	23A. SIGNATURE		23B. DATE SIGNED
	mems/cm 4	DEGREE Phys	/
	23C. PHYSICIAN'S NAME (Type)	2	23D. ADDRESS
24/	MILTON B. KIRSH A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEM	DEGREE OF CRE	4000 W. NORTHERN PARKWAY EMATORY 24D. LOCATION (City, town, ar county) (Store
-7/	REMOVAL (Specify)		
254	BURTAL 3-15-68 BETH TF A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAL		BALTIMORE, MARYLAND LOSC, FUNERAL DIRECTOR. ADDRESS
	MAR 18 1868 (O. A. E. Fa. a.	B.A.	SOL LEVINSON & BROS. INC.
VS.	150-REV. 1/1/6B	-	\$6010 REISTERSTOWN ROAD BALTO. 2121



a haspital and

irect or contributing cause of death (4) Undetermined cause; (5) Deceased

Such

prior ta death.

where the physician

shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

the bady was released to the hospital by

was D.O.A. at a hospital

This certificate must be appraved by

attendance

was in regular

death kind;

who pronounced

the deceased

or his assistant if death

the chief medical examiner

BALTIMORE CITY HEALTH DEPARTMENT

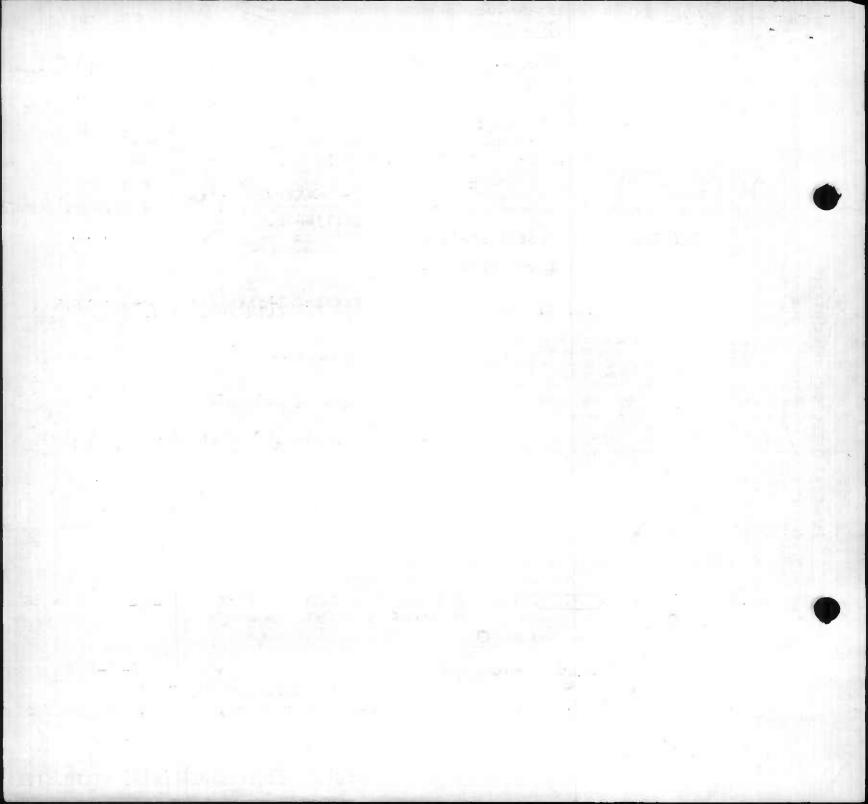
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dane during most of working life, even if retired) PRINTER 13. FATHER'S NAME HATTY HERONDORF 14. MOTHER'S MAIDEN NAME HATTY HERONDORF 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) life yes, give wor or doles of service) YES W. W. II NAVY 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does nal meen the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SOLD IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SOLD I	NO DOWN HOURS MIN. 1 Yr. If Under 24 Hrs Min. PADDRESS
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4940 Eastern Avenue Baltimore, Maryland 21224 E. STREET AND NUMBER Spl2 Franklin Avenue Spl2 Franklin Ave	TY, If Under 24 Hr. Doys Hours Min. EN OF WHAT COUNTS U.S.A.
Baltimore, Maryland 21224 Size S	TYT. If Under 24 Hr Doys Hours Min.
S. SEX Male White Whowed DIVORCED DIVORCED Solves 1926 (In years Months ! 10. Date Of BIRTH Months ! 10. Date Of BIRTH Months ! 10. Date Of BIRTH Months ! 2. Date Of BIRTH Months ! 2. Date Of BIRTH Months ! 3. Date Of BIRTH Months ! 3. Date Of BIRTH Months ! 3. Date Of BIRTH Months ! 4. Date Of BIRTH Months ! 4. Date Of BIRTH Months ! 5. Date Of BIRTH Months ! 4. Date Of BIRTH Months ! 5. Date Of BIRTH Months ! 6. Date Of BIRTH Mo	TYT. If Under 24 Hr Doys Hours Min.
MALE White Widowed Divorced Divorced 15-15-18281928 4128 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if relired) PRINTER SELF EMPLOYED 14. MOTHER'S MAIDEN NAME Harry HERONDORF 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) liff yes, give war or dotes of service) YES W. W. II NAVY CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenic, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION SCONTRIBUTING CONDITION GIVEN IN PART 1 (A). OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 10A LACCIDENT WAS UNDERLYING TO PERATION 11 In BRITHPLACE (State or foreign country) 12 A COLOR OF THE SUBJECT CONDITION (CONDITION SIVEN IN PART 1 (A). 12 CITIZE 13. BRITHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WOS Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT MES DORIS HERONDORF 18. CAUSE OF DEATH 18. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: 18. DUE TO, OR AS A CONSEQUENCE OF: 19. DUE TO, OR AS A CONSEQUENCE	EN OF WHAT COUNTI
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14. MOTHER'S MAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL 17. INFORMANT 18. 16. SOCIAL 17. INFORMANT 18. 18. 18. 19. 1	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknawn) (If yes, give war ar doles of service) YES W.W. II NAVY CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimare City, give	ADDRESS
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DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C): Underlying Conditions Contributing to the terminal Disease or Condition Given in Part 1 (A). 19.A. Date of Operation 19.B. Condition for which Operation Was Performed NO 19.B. Conditions of the terminal Disease or Condition Given in Part 1 (A). 19.A. Date of Operation 19.B. Condition for which Operation NO 19.B. Condition for which	1- 0
rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. 2 0 7 0 1	2 roll
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimare City, give	<i>(</i> 5
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimare City, give	5 Jus
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS OF DIN CERTIFYING CAUSES OF D	
	CONSIDERED EATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	exoct location)
21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED While At Work 21 Work 21 Work 21 Work	
22. 1 certify that (1) (this haspital) attended the deceased fram 2-22 19 68 ta 3-13-	19 68
that (1) (we) last saw the deceased give an 18 March 19 68 and that in (my) (aur) apinian death	
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.	
23A. SIGNATURE 23B. DATE	SIGNED
Live Shall mile according Med. Stoff of 3-1	13-1968
OEGREE OOD ADDRESS	
T. 19 44 9	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or	
REMOVAL (Specify)	
BURIAL 3-15-68 ANSHE EMUNAH AITZ CHAIM BALTIMORE, MARYLA 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SOL LEVINSON & BROS. IN.	110

25B. NAME OF REGISTRAR 25G CHAIM

25C. FUNERAL DIRECTOR SOL LEVINSON & BROS. IN. 6010 REISTERSTOWN ROAD, ADDRESS

VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was an regular attendance on the deceased prior to death. Such was an expensively must be obtained before the remains are embalmed or final disposition is made.

00 0	BALTIMORE CITY	HEALTH DEPARTMENT		00 0040
4-163 68-2	CERTIFICA	TE OF DEATH	REG. NO.	68- 2949
BIRTH NO. 1, NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) E117 11 RETH	LABOR WIT	2.	- 12-68	11:30 am
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (VHIere		ution: residence before admission)
SULL MANAS OF AUGUSTAL OR IN	CTITUTION CIVE CTOSET	Ma.		000
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	SITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
	THE ISOLDITAL	12 .1		ES P NO M
NORTH CHARLES 6	EN. HOSPITAL	E. STREET AND NUMBER	1	0
77		3952 W	Norther	EN PKure
5. SEX 6. RACE 7. MARK	NEVER MARRIED	. 1	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Nanths Days Hours Min.
FEMALE WHITE WIDON	VED DIVORCED	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	77	
10A, USUAL OCCUPATION (Give kind of wark 10B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY
1	HOME	XMXXX RU	SSIA	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
JASE DU MUED		EDENA	DUNN 0	
5 OSE PH MYER 15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		XXXXXXX ?	FO ADDRESS DELLEDIA
(Yes, no or unknown) (If yes, give war or dotes of serv	ce) SECURITY NO.	MR. LOYIS LAV	BORWIT, 39	52 WODRENDRTHERN
NO	218-12-2970		MAN (DAY)	
18. 30.91	CAUSE OF DEAT	H		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		6466140	SUBACT	100
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	FICIUES	
heart foilure, asthenia, etc. It means the dise		A CONSEGUENCE OF.		
ANTECEDENT CAUSES	Par	VRECTUE	ILEANT E	111 11121
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rise to the obove couse (A) stoting	the AL			
UNDERLYING CONDITION losi.	(c)	4BETES MI	EUNTUS	
Z 260 X II				
TO THE DEATH BUT NOT RELATED TO THE TERMI			~~~~	
	OR WHICH OPERATION	20 A. AUTOPSX? (Yes ar No)		DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION I		NO	IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	n ar obaut 21C. WHERE DID	(If in Boltimore C	City, give exoct location)
▼ DEATH (notify medical exominer)	hame, farm, factory, street, o	mice bidg., INJURY OCCUR!		
OF MILEY	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	White At Nat Whi	e 🗖		
	Wark At Work		1/ 7	17- 157
22. I certify that (1) (this hospital) attend				-/2- 19
that (I) (we) lost sow the deceased alive	on 3-/2-	19.68 ond the	ot in (my) (our) opinio	on death occurred on the date
and hour and from the causes stated above	e. (I) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	·			3B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) ARTURO N	gegree Phy		Stoff Phys.	3-12-68.
23C. PHYSICIAN'S NAME (Type)	apien Mo	23D. ADDRESS	H OHAKL	ES BEN. 1405.
ARIORO N		NORI	CF COMME	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City,	tawn, or county) (State)
REMOVAL (Specify)	PETU TIAAR	771	IVCDUDO III	DVIANO
25A. DATE REC'D BY HEALTH DEPT. 25B. NA		25C. FUNERAL DIRECTOR	IKSBURG, MA	ADDRESS
	5 E. Farbura	SOL LEVINSON		C.
	N	6010 REISTE	RSTOWN ROA	D. BALTO. 2121

HOUSE WIFE FREDA BLUM JB414 492 5 CARDIA C ARREST THE STATE HEAD - MILLER William Marie NORTH LAND IN 1877 W ARTHUR WINDERS ME.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

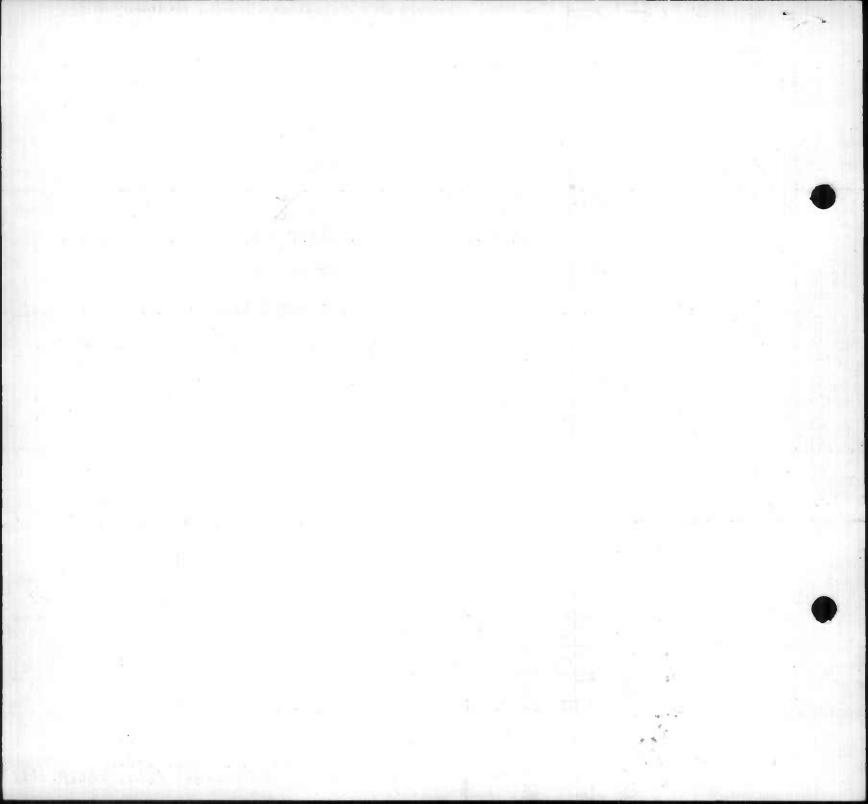
.NA	H NO.		2. DATE AND	HOUR OF DEATH	
	e or Print) HENRY LEVIN			13, 1968	111:15
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA		. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence befare admi
HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET	MARYLAND CITY OR TOWN		3 3 - 00
	INAI HOSPITAL		BALTIMORE STREET AND NUMBER	Co	YES NO X
1	42		7514 SEVEN	MTIF IAN	NE #21208
. SE	6. RACE 7. MARRIED NEVER	MARRIED B.	DATE OF BIRTH	. AGE (In years	If Under 1 Yr., If Under 2
M		VORCED [ost birthday) 71	Manths Doys Hours A
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS (during most of working life, even if relired)	OR INDUSTRY 11	, BIRTHPLACE (State at foreig	n country)	12. CITIZEN OF WHAT COL
		7	RUSSIA		U.S.A.
3. F	PROPRIETOR CLEANING		MOTHER'S MAIDEN NAM	E	u.s.n.
	21472 17474		1744		
	DAVID LEVIN		LENA ?		ADDRESS
Yes,	Vas Deceased Ever in U. S. Armed Farces? ,na ar unknown) (If yes, give war ar dates af service) 16. SOCIAL	ITY NO.	· INFORMANT		ADDKE33
A1	212-01	1-3319	IDS FUA IFUT	N 7514	SEVEN MILE LA
_		SE OF DEATH	IND. LVA LLVI	11, 1217	APPROXIMATE INTER
	DISEASE OR CONDITION DIRECTLY	8.0			BETWEEN ONSET AND
- 1	LEADING TO DEATH	121	lucardial int	Arctin	-
	(A) <u>I</u>	MMEDIAIE CAUSE			
	titis does not mean the mode of dying, e.g.,				
- 1	hearl failure, asthenia, etc. It means the disease,	OUE TO, OR AS A C	CONSEQUENCE OF:		
	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)			1	111
	hearl failure, asthenia, etc. It means the disease,		consequence of:		14 yrs
	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (8)	Athen		D	14 y ks
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	heart failure, asthenia, etc., It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	Athen	rsuleratio Cl	D	14 yrs
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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4-152	BALTIMORE CITY	HEALTH DEPARTMENT	65	2- 2951
2-13 2 68- 20	351 CERTIFICA	TE OF DEATH	REG. NO68	2 6301
BIRTH NO.	JUL CERTIFICA			
(Type or Print) EMANUEL LE	VINSON		12, 1968	7 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe		on: residence before odmission)
FULL NAME OF HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSIDE CI	TY LIMITS /-20
3903 CLARKS LANE		BALTIMORE E. STREET AND NUMBER		NO [
00		3903 CLAR		
5. SEX 6. RACE 7. MARR	HED X NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years If U Mor	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINI		11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	LEUTHOAN & PR	DC PAITTHORE	HARVIAND	U.S.A.
PRESIDENT SOL	LEVINSON & BR	14. MOTHER'S MAIDEN NA	ME	U.S.A.
MAX LEVINSON		BELLA SMI	TH	
IS. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	(ce) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES W.W. I	212-36-0506	MRS. EMANUEL	LEVINSON, 820	8 ANITA ROAD
1B. 7-12, 9 1	CAUSE OF DEAT	•	01	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Chr. Ce	/	respeciency	4-42
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	ceron	
injury or complication which caused death.) ANTECEDENT CAUSES	00707			
DISEASES OR CONDITIONS, if any, gi	(B)	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	the			
	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 20B. IF YES, WERE FINDI	NGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)		(If In Boltimore City	, give exact location)
21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
E OF INJURY	While At Work Not While At Work			
22. I certify that (I) (this haspital) attend			19 to 3/16	1968
that (I) (we) last saw the deceased alive	an 3/10			deoth occurred on the date
ond hour ond fram the causes stated abav				
23A. SIGNATURE	Dh.	ending Med.	Staff Phys.	DATE SIGNED
23C.PHYSICIAN'S	DEGREE	23 D. ADDRESS	Tity 3.	
NAME (Type) MILTON B	. KIRSH DEGREE	4000 W. NOR	THERN PARKWA	y
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR			wn, or county) (Stote)
BURIAL 3-14-68 H	EBREW FRIENDS	HIP BA	LTIMORE, MAR	YLAND
	ME OF REGISTRAR	30 LUNEEVINSO	IN & BROS. IN	C. ADDRESS
VS 1S0-REV, 1/1/6B		6010 REIS	STERSTOWN ROA	D. BALTO. 2121



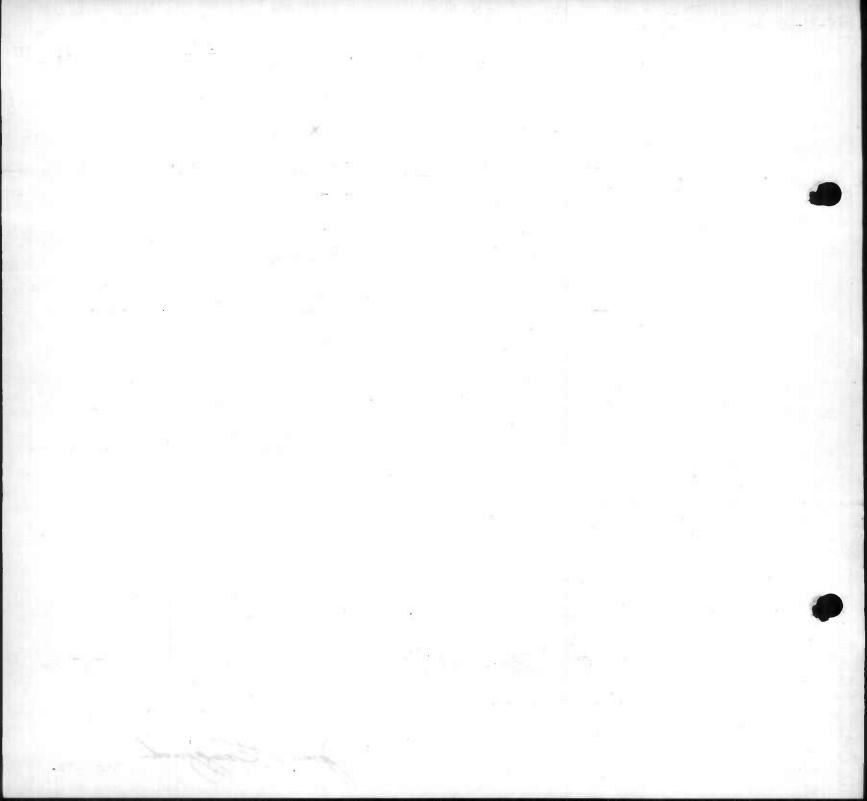
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

68- 2952 CEDIL	00- 690
BIRTH NO.	FICATE OF DEATH
(Type or Print) ELSYE SWEARER SUE SWEARER	3 12 1010 17 11
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whele deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS ON THE YES TO THE YES TO THE TENT OF THE PROPERTY OF THE
South Baltimore GENETAL	Hase 3965 Wilsh AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRI	lost olitingoy) - Widning Doys Hours; With.
MIDOWED DIVORCI	
done during most of working life, even if refired) AT HOME 13. FATHER'S NAME	BALTIMORE Margland.
Thomas Me NuLty	CLARA MAGARITY 17. INFORMANT ADDRESS
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service)	D
18. CAUSE OF	ALTON T. SWEARER 3108 GIBBONS AVE
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	ATE CAUSE ATTENTO Selent C Cardo
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	, OR AS A CONSEQUENCE OF: Vaccular Perhae,
ANTECEDENT CAUSES	oveho znemonia.
DISEASES OR CONDITIONS, if any, giving DUE TO,	Or AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C) Sec.	whity & debitation.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	V
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJUR	N 20A. AUTOPSY3 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	RY (e.g., in or obout 21 G. WHERE DID street, office bldg., INJURY OCCUR?
21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURR	
	Not While At Work
22. I certify that (this haspital) attended the deceased fra	1- 10
and hour and from the causes stated above. (I) (We) (did) (did	3 19 65 and that in (and) (aur) apinian death accurred an the date d nat) view the body after death.
23A. SIGNATURE Some of Ment	Attending Med. Staff Phys. Director Phys. 23B, DATE SIGNED 23B, DATE SIGNED 3-/3-68
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERS	QEGREE /2/3 N/9 + 56, Y or CREMATORY 24 DOCATION (City, town, or county) (Stote)
BURIAL 3/16/68 BALTIMORE 25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF DEGISTRAR	E CEMETERY BALTIMORE, MD. 25C, FUNERAL DIRECTOR H. W. MEARS & SON 805 N. CALVERT ST.
VS 150-REV. 1/1/68	II ON OHEARS OF DON OUT IN ONLIVERT DTO

K white is street to Maryleys There is Michalty A STATE OF 5-29-54ck Chary 212 Kilt St

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	T= 460 68- 2953	\$	TE OF DEATH	REG NO.	68- 2953
1	INAME OF DECEASED Type or Printi	TAYLOR, URIE	G. 2. DATE AN	D HOUR OF DEATH	4/4:10 PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN		stitution: residence before odmission)
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION		MARYLAND c. city or town	BALTIMOR E	DE CITY LIMITS?
	BALTIMORE CITY HOSPITAES 4940 EASTERN AVENUE BALTIMORE, MARYLAND #212		ESSEX (21) E. STREET AND NUMBER	W BOAD A 4	YES NO X
Į,			802 BRUNSWICE	ROAD Apt.	If Under 1 Yr., If Under 24 Hrs.
	FEMALE WHITE WIDOWED	DIVORCED	3-16-85	last birthday) 82	Months Doys Hours Min.
	IOA. USUAL OCCUPATION(Give kind of work 108, KIND OF I done during most of working life, even if relired) Waitress Restau		TENN.	gn country)	U.S.A.
	GEORGE CHAMBERS (DEC	.)	14. MOTHER'S MAIDEN NAM MARY JAMAR ()		
1	(Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	a made of made a	ORE CITY HOS	
1	No	217 03 1335 A		STERN AVE., E	BALTO, MD. #21224
	Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. // 53.0 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	(B) Carcis DUE TO, OR AS (C) Wiall	noma of Card A CONSEQUENCE OF: Puter me eni	eum.	
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED 3-13-68	1 10	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 218. F OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.)	PLACE OF INJURY (e.g., in foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	e City, give exact location)
	O 21D.TIME (Month) (Day) (Yeor) (Hour) 21E. (OF INJURY (APPROX.)			URY OCCUR?	
	22. I certify that (I) (this haspitol) attended the thot (I) (we) lost sow the deceosed olive on and hour and fram the causes stoted abave. (I)	3-15	1968 and th	19 <u>6 8</u> ta <u>3</u> at in(my) (our) opin	nion deoth occurred on the dot
	23A. SIGNATURE L. R. Mon	Atte Phys	nding Med. Director	Staff Phys.	238. DATE SIGNED 3-15-68/6
	23C. PHYSICIAN'S NAME (Type) D. R. MORROW, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAI	DEGREE ME of CEMETERY of CRE	23D. ADDRESS BALTIMOR 4940 EASTE	RN AVE. BALI	10. MD. #21224
	Burial 3/19/68 Wood	dlawn Cemeter	y Ba		ryland
	258, NAME OF REC'D BY HEALTH DEPT. 258, NAME OF RES. 150-REV. 17168	-	James E. Bru	zdzinski) 140	ADDRESS 07 Lastern Ave.



	BALTIMORE CITY HEA	LTH DEPARTMENT	60. 0054
	BIRTH NO. 68-04448 68- 2954 CERTIFICATE	OF DEATH REG. NO	68- 2954
111	(Type or Print) Baby Boy Hersch	2, DATE AND HOUR OF DEATH	30M
1 3		SUAL RESIDENCE (Where deceased lived, If	institution: residence befare admission)
Ш	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR APPORESS OR LOCATION)	maryland	Baltony
1	INSTITUTION Johns Hapkins Hosp,	Balto D. IN	YES NO
	33 0 E.S	TREET AND NUMBER 843 arnolif	red.#
5	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DA WIDOWED DIVORCED	1068 9. AGE (In year)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
		IRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	INFANT	Balto, MD.	U.S.A.
	JACOB HIRSCH	AOTHER'S MAIDEN NAME	TH.
1	15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. II	NFORMANT OF	ADDRESS
1	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Marganell	ma
1	18.5 5 / / CAUSE OF DEATH	71	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE	Cardio-respo	rest
	(This does not meon the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,	ISEQUENCE OF:	
	injury or complication which coused death.) ANTECEDENT CAUSES		
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CO	NSEQUENCE OF:	
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	D. D. QUE	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 174. DATE OF OPERATION 1798. CONDITION FOR WHICH OPERATION 124.	OA. AUTOPSY? (Yes or No) 20B. IF YES, WERI	E FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED LOCALED	IN CERTIFYING C	AUSES OF DEATH?
	O 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or o on CONTRIBUTING CAUSE OF home, form, foctory, street, affice beta.) Z1 B. PLACE OF INJURY (e.g., in or o home, form, foctory, street, affice beta.)	bout 210. WHERE DID (If in Baltim	are City, give exoct location)
	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) While At Not While Nat Work		h-11 à
	22. I certify that (I) (this haspital) attended the deceased from	3/10/68 19 10 3	13/60 19
	that (I) (we) last sow the deceased alive on		pinian death occurred an the date
	ond hour and from the couses stoted obove. (I) (We) (did) (did not) view to	ne body offer deoth.	23B, DATE SIGNED
	Mangayet thending	Med. Staff Phys.	3/13/68
	NAME (Type) VINCENT MANGAN ELLO	J. H. H. HOSPITAL	1. /
14	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATINE PROVAL (Specify)	ORY 24D. LOCATION (City, town, or county) (State)
	BURIAL 3-18-68. BALTIMORE NATION		KAVE, BALTO, MD.
	25A, DATE FAR BY HEALTH DEPT. 25B, NAME OF REGISTRAR	sc. FUNERAL DIRECTOR, 9013	SI CONKLING ST. TO, 21224, MD.
IF	VS 150-REV. 1/1/6B	DAL.	1-101001

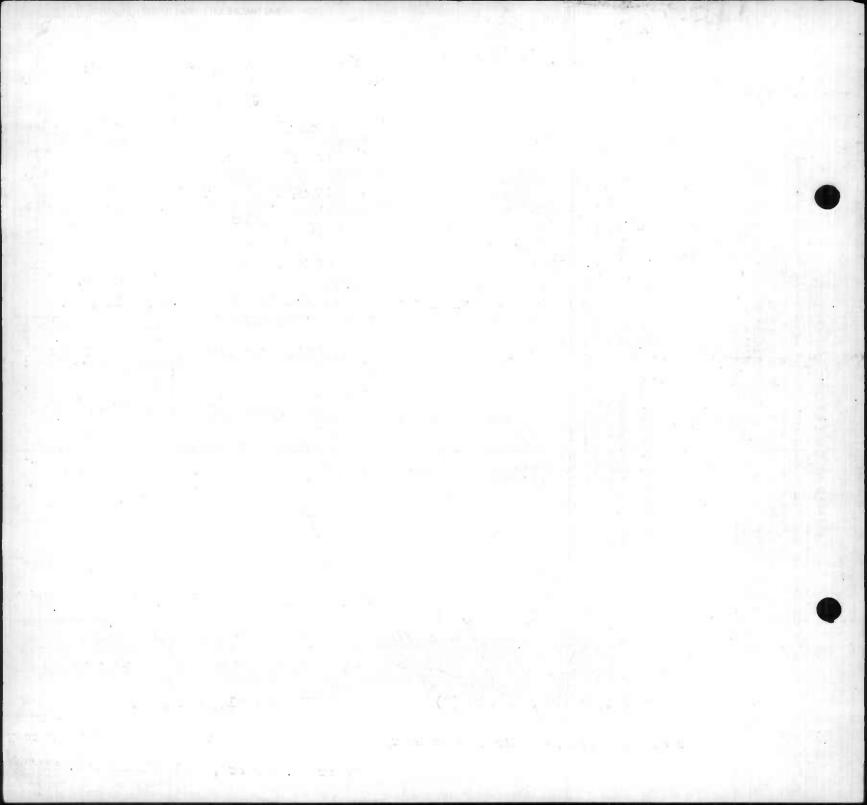
of the stages who 843 acres of her 3/10/68 story con Com Bulle Larrame V. Marygondle Ma. Cardio regions 31.40 Modeland Jack CHE 3/2/4 89/01/8 87/81/8 Warsprully Managinally 3/13/6 3

IMPORTANT FUNERAL DIRECTOR:

	TH NO.			5 CERTIFICA		2. DATE A	ND HOUR OF DEATH	Н	
(Тур	oe or Print)	Willi	am Ches	ton Cowperthw	ait	Mar	ch 14, 1968		4:50 A
FU	LL NAME OF (DISPITAL OR STILLION	IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	New New	Jersey /	SIDE CITY LIMI	27
	S Public H		rice Hos	pital	E. STREET AN	nsville Dolbow		YES 🗌	NO 🗌
5. \$	M	W	WIDOWED		B. DATE OF BI	/ 04/05	9. AGE (In years lost birthday) 62	If Under 1 Months Do	Yr. If Under 24
t0A don	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	ON (Give kind of wor g life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY	N.	J Med	reign country) dford	12. CITIZEN	USA
	FATHER'S NAME William C		t		14. MOTHER'S		AME Mollingshead		
15. Yes	Wos Deceosed Ever s, no or unknown) (If you	in U. S. Armed Fo es, give war or date	rces? es of service)	16. SOCIAL SECURITY NO. 154-05-4692	17. INFORMAN Reco:		PHS Hospita		to, Md.
		CONDITION DI	RECTLY						
	(This does not me heart foilure, asthe injury or complication	nio, elc. Il meons lion which coused CEDENT CAUSES ONDITIONS, if ove couse (A)	dying, e.g., the disease, I deoth.)	(0)	USE Perica A CONSEQUENC Uremia S A CONSEQUEN	CE OF:	ffusion		Weeks Weeks
ATION	(This does not me head foilure, asthe injury or complicate ANTE DISEASES OR Course to the abounderlying countersignifican To the Death But	eon the mode of nio, etc. It means to make the course of t	dying, e.g., the disease, deoth.) any, giving stoling the	(B)	Uremia	CE OF:	effusion		
CERTIFICATION	(This does not me hour foilure, osther injury or complicate the injury of the observation of the Death But Disease or condition of the Death But Disease or condition of the injury of	eon the mode of mio, etc. It means to make the mode of	dying, e.g., the disease, deoth.) any, giving stoling the ONTRIBUTING THE TERMINAL RT 1 (A). DITTON FOR V	(B)	Uremia S A CONSEQUEN Bute myel	ogenous	s leukemia No) 208. IF YES, WERE IN CERTIFYING C.	E FINDINGS CLAUSES OF DE.	Weeks Months DNSIDERED ATH?
MEDICAL CERTIFICATION	(This does not me heart foilure, asther injury or complication of the control of	eon lhe mode of enio, etc. Il meons lion which coused CEDENT CAUSES ONDITIONS, if ove cause (A) NDITION lost. I CONDITIONS CO TOT RELATED TO THOM GIVEN IN PARATION 198. COMWAS PER AS UNDERLYING CAUSE OF collections (Doy) (Year)	dying, e.g., the disease, deoth.) any, giving sloting the ONTRIBUTING THE TERMINAL RIDITION FOR V FORMED 218, hom etc. (Hour) 21E, Whi Wo	(B)	Uremia S A CONSEQUEN Cute myel 20A. Autol John or oboul 21C, 10 in or oboul 21C, 10 iffice bldg., INJU	Ogenous PSY? (Yes or P YES WHERE DID RY OCCUR?	S leukemia No) 208, IF YES, WERE IN CERTIFYING C. (If in Baltimo	ore City, glve e	Weeks Months DINSIDERED ATH?
ICAL CE	(This does not mean heart foilure, osther injury or complication of the control o	eon the mode of enio, etc. It means to make the course (A) not retained to the course of the course	dying, e.g., the disease, deoth.) any, giving sloting the contributing the terminal and the	NHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, or he deceased from ar. 14) (We) (did) (did not) AM OEGREE AN OEGREE AN OEGREE AN OEGREE AN OEGREE AN OEGREE OEG	Uremia S A CONSEQUEN Sute myel 20A. Auto Jin or obout 21C. Sifice bldg., INJU 21F. in the body view the body 23D. ADDRESS	Ogenous PSY? (Yes or PYES WHERE DID IN B and to ofter deoth Med. Director	I leukemia Solution le l'elevation de l'elevation	r. 14 pinlan death	Weeks Months DNSIDERED ATH? Exact location)

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68



or his assistant if

the body was shows: (1) An

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written

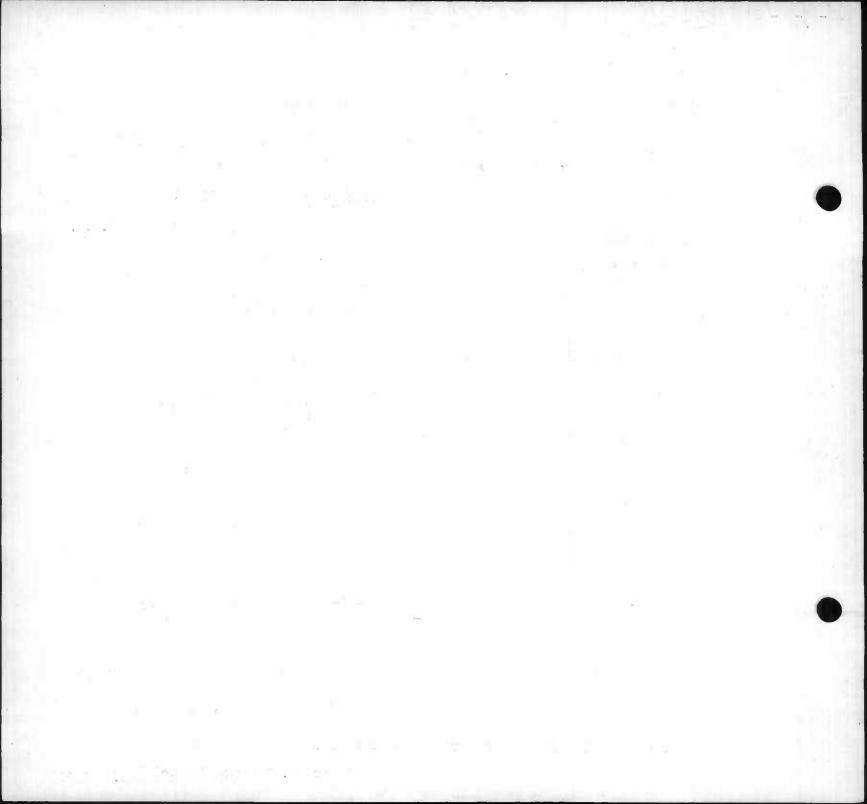
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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	lent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	spital (except where the physician who pronounced death was in regular attendance on the	death); and (6) No physician was in regular attendance on the deceased prior to death. Such	nust be obtained before the remains are embalmed or final disposition is made.	
must be a	eleased to	cident of	hospital	to death)	al must be	
ertificate i	ody was re	s: (1) An ac	D.O.A. at a	used prior	rritten approval must be ob	
his co	he bo	hows	as L	eced	rritte	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) lived. If institution residence 3. PLACE IN BALTIMORE MARYLAND. WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN INSIDE CITY LIMIT INSTITUTION Baltimore City Hospitals Baltimore YES X NO 2122/ E. STREET AND NUMBER Baltimore City Hospitals 940 Eastern Avenue. Avenue Baltimore Maryland 5. SEX 9. AGE (In years If Under 1 Yr. Months: Doys R. DATE OF RIPTH If Under 24 His. MARRIED NEVER MARRIED lost birthdoys 73 7/4 Hours Female White DIVORCED WIDOWED 10A USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S.A. Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lew McCaulev Unkown ADDRESS 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 21224 None No Records: BCH-4940 Eastern Avenue APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE, heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUE DISEASES OR CONDITIONS, if any, giving to the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION CERTIF WAS PERFORMED YES 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, lorm, loctory, street, office btdg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exoct location) DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR OF INJURY Not While While At (APPROX.) Work At Work 68 61 22. I certify that (1) (this haspital) attended the deceased fram 19 68 that (1) (we) last saw the deceased alive an... and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23B, DATE SIGNED 23A. SIGNATURE Attending Med Staff 3-13-1968 Director L Phys. Phys. 23 C. PHYSICIAN'S 23D. ADDRESS altimore City Hospitals NAME (Type) 4940 Avenue, Baltimore, Maryland 21224 24A. BURIAL CREMATION, 24B. 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify Meadowridge Memorial Pk. Cem

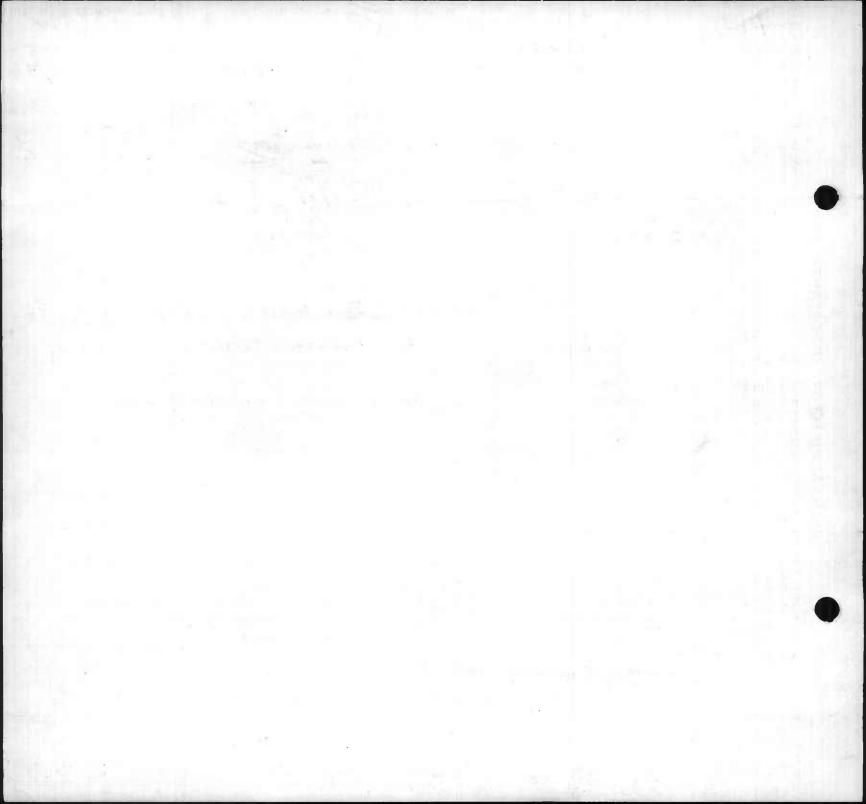
58. NAME OF REGISTRAR

25C. FUNERAL DIRE

HOWARD H Md. Baltimore 3/16/68 Burial 25A. DATE 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubband Bunggal Home VS 150-REV. 1/1/68



death IMPORTANT DIRECTOR: FUNERAL



VS 150-REV. 1/1/68

	68- 2958	BALTIMORE CITY HEALTH DEPARTMENT 68- 2958
		CERTIFICATE OF DEATH REG. NO.
	1. NAME OF DECEASED Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	2. DATE AND HOUR OF DEATH 3-14-1968 12:15P. M. DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS 3
	South Beltimore GENE	ral Hosp. 10 W. Heath St.
I	S. SEX 6. RACE 7. MARRIED NEW WIDOWED X 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN	VER MARRIED 8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min. DIVORCED 9-28-18 JESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12, CITIZEN OF WHAT COUNTRY:
	done during most of working life, even if retired) Housewife 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME HAR A.
	S. Was Deceased Ever in U. S. Armed Forces? Help. So.	Emma MISKIMON ADDRESS
ľ		Mr. John W. Hildebrand 1601 Kingsway Road
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost. VIOLET OF THE STATE OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH	ACUTE PULMONARY EDEMA (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: ARTERIOSCLEROTIC CARDIO MSCULAR DISEASE (C) OPERATION [20A, AUTOPSY) (Yes of No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING □ 21B. PLACE	IN CERTIFYING CAUSES OF DEATH? E OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exect location)
i	OR CONTRIBUTING CAUSE OF home, form etc.,	n, foctory, street, office bldg., INJURY OCCUR?
	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (APPROX.) While At [RY OCCURRED 21F. HOW DID INJURY OCCUR? Not While At Work
	22. I certify that (this haspital) attended the dec	4.6
	23A. SIGNATURE Washey Americans Agree Ag	(did) (did nat) view the body after death. Attending Phys. Attending Phys. Attending Phys. Attending Phys. 23B. DATE SIGNED 3 -/2/-68
	NAME (Type) AAP O 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of	CEMETERY OF CREMATORY 24D. COCATION (City, town, or county) (Stote)
	Burial 3/18/68 Loud	don Park Cemetery Baltimore, Maryland
	25A. DATE REC'D 8Y HEALTH DEPT. 258. NAME OF REGI	John Cirk Come Colly

F White X - 25- 8 Clarks Haker

ACUTE PULMOWING EDEMA

CALLESTIVE MEART PAILURE

ARTOCOPICARION ON CARDON STREET

Lang Harner m.s.

68- 2959 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 2959
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Yeor Hour
MAUDE E. MALCOLM	DEATH Estimoted March 15, 1968 9:30 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD March 15, 1968 9:50 A.
OR INSTITUTION UNION MEMORIAL HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES NO D
DATE OF BURY	E. STREET AND NUMBER
9/11/08 lost birth 59 Months Doys Hours Min.	3000 Harford Road
Maryland 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?	John L. Elliott
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Housewife Home	Maude E. Bennett
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Albert L. Malcolm-3000 Harford Rd.
119. // / D. C. CAUSE OF DEA	APPROXIMATE INTERVAL
1 4/217	BETWEEN ONSET AND DEATH
	clerotic Cardiovascular Disease
LEADING TO DEATH	CAUSE
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
IL UNDERLYING CONDITION LAST.	
OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 204. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
18 7	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g. home, form, foctory, street, offi	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) injury occur? 3000 Harford Road - Living Room
22D TIME (Month) (Day) (Year) (Hours) 122E INITIPY OCCURRED	22F. HOW DID IN HIRY OCCUR?
(APPROX.) 3 15 68 9:20 A WHILE AT NO	T WHILE X
(APPROX.) 3 15 68 9:20 A. WORK	WORK 12
	utopsy 🕏 ond that on this basis, death In my opinion
resulted from: Notural couses X Accident Suici	de Homicide Undetermined manner
0 11/1	CHIEF MEDICAL EXAMINER L
SIGNATURE I wold U/Comb Com.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER

24C. NAME of CEMETERY or CREMATORY

Burial 3/18/68 Moreland C

25A. DATE REC'D BY HEALTH DEPT.

MAR 18 1568 C 25B. NAME OF REGISTRAR

24B. DATE

Moreland Cemetery Baltimore, Maryland
MEOF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

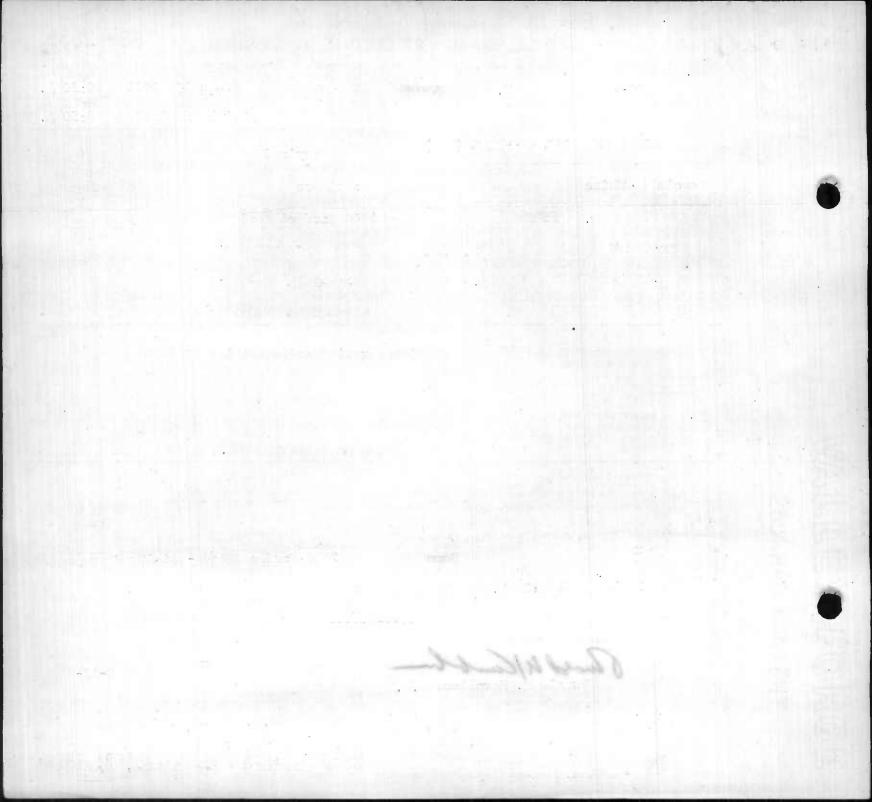
Robert C. Altenburg Funeral Home, Inc

24D. LOCATION (City, town, or county)

(Stote)

NAME (Type)

24A. BURIAL CREMATION,
REMOVAL (Specify)
Burial



11	68- 2960 CEPTIFICA	TE OF DEATH REG. NO. 68-2960
1.	RTH NO. NAME OF DECEASED	2. DEATH
(T)	ype or Print CHARLES F. COUGLAR	15 MARCH 1969 11:25
FL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ISTITUTION	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admit A. STATE B. COUNTY MD C. CITY OR TOWN D. INSIDE CITY LIMITS?
3	5 CHURCH Home ! Hospital	E. STREET AND NUMBER 4312 PASPE AVE
10. do	SEX 6. RACE WIDOWED DIVORCED A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY needuring most of working life, even if retired)	3-19-01 66
	Leubor operier -	14. MOTHER'S MAIDEN NAME
	AllAN RAXTER COUGLAR	MARY VereVoelkel
(Ye	Wos Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service) \(C \) (C \)	17. INFORMANT REMANDLY BALTIMORE, MID
CATION		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
FRTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
1 6	21A ACCIDENT WAS INDEDLYING 21R PLACE OF INTIDAY (e.g. in	
A	OR CONTRIBUTING CAUSE OF home. form, factory, street, offi	n or obout 21 C. WHERE DID (If in Baltimore City, give exact location) linder bldg., INJURY OCCUR?
	DEATH (notify medical examiner) etc.) 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
FDICAL	DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR? 1968 to 3/15 196
FDICAL	DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Yeoth (Houth) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While Work At Work	21F. HOW DID INJURY OCCUR? 1968 to 3/15 196
FDICAL	DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did nat) vi	21F. HOW DID INJURY OCCUR? 1968 to 3/15 1968 to 196 1968 to 3/15 196
FDICAL	DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work 22. I certify that (I) (this haspital) attended the deceased fram and haur and fram the causes stated above. (I) (We) (did) (did nat) vi 23A. SIGNATURE Attenday, M. Becree	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19
MEDICAL	DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did not) vi 23A. SIGNATURE Attention 23C. PHYSICIAN'S NAME (Type)	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 1966 ta 3/5 196 1966 ta 3/6 1966 ta 3/6 1966 ta 3/6 23B. DATE SIGNED 1966 Phys. 23B. DATE SIGNED
WEDICAL MEDICAL	DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did nat) vi 23A. SIGNATURE Attention 23C. PHYSICIAN'S NAME (Type)	21F. HOW DID INJURY OCCUR? 1968 to 3/15 19

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B-100 68-2961	BALTIMORE CITY	HEALTH DEPARTMENT	68- 2961
BIRTH NO.	CERTIFICA	TE OF DEATH	G. NO
1, NAME OF DECEASED THE PROPERTY OF PRINT TO THE PROPERTY OF PROPE	130 p	2. DATE AND HOUR OF THE STATE B. COUNTY	Property SAM lived, If institution: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) THE JOHNS HOPKINS HOSP 33	ON, GIVE STREET	MARYLAND c. CITY OR TOWN BALT I MORE E. STREET AND NUMBER 644 REGESTER XXX	D. INSIDE CITY LIMITS? YES NO XXXX Avenue
6. RACE OHULLS 1 WIDOWED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 10-17-94 9, AGE (In lost birthdoy 73	
Autitor (ret.) 3. FATHER'S NAME JOHN J.		Baltimore Maryland 14. MOTHER'S MAIDEN NAME ELIZABETH SPIEM	USA
	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
OR CONTRIBUTING CAUSE OF home, fetc.)	(C) Person	YES YES	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? in Boltimore City, give exoct location
OF INJURY (APPROX.) While Award 22. I certify that (his baspite) attended the centre of that (1) (last saw the deceased alive an	At Not Whi	° 🗆 19 19 19 19 19 19 19 19 19 19 19 19 19	a 3/16/68 19
and haur and from the causes stated abave. (1) (1) 23A. SIGNATURE 23C. PHYSICIANS NAME (Type) FLOYD T. BRYAN, M. I	(did) (did) Athrey Phy	anding Med. Director Phys. 23D. ADDRESS	23B DATE SIGNED 3/16/68 SPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	e of CEMETERY of CR	Comc. FUNERAL DIRECTOR Mitchell-Wiedefeld 6500 York Rd-212	Home

M Chuchsiller 8.695€ Today appeared humanous not a Fortered & Comment & Late Traint " The who who she she safe afe I way Ti Bugan WD examiner examiner.

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BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 14, March Louis F. Althoff 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admix A. STATE B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. HOSPITAL OR CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES K E. STREET AND NUMBER W. 29th St. 29th St. is made 5. SEX 6. RACE 9. AGE (In years B. DATE OF BIRTH 7. MARRIED NEVER MARRIED II Under 1 Yr. Doys lost birthdoy Months Male White Dec.28,1893 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Hampshire USA Plasterer Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Althoff Stella Ford 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. No Mrs. Mabel Althoff-324 W.29th CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl loilure, asthenia, etc. 11 means the disease, injury or complication which caused death,) em ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if ony, giving the obove couse (A) sloting the UNDERLYING CONDITION lost. remains 150 X CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (II in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave. (1) (We) (did) (did wat) view the bady after death. must 23A, SIGNATURE 23 B. DATE SIGNED Attending 7 Med. Staff Director approval 23C. PHYSICIAN'S NAME (24A. BURIAL CREMATION, 24B. REMOVAL (Specify) 3/18/ Burial 68 St. Mary's Cemetery Hampden-Balto.. 25C. FUNERAL DIRECTOR

Austin E. Donovan-3818 Roland Ave.

VS 150-REV, 1/1/68

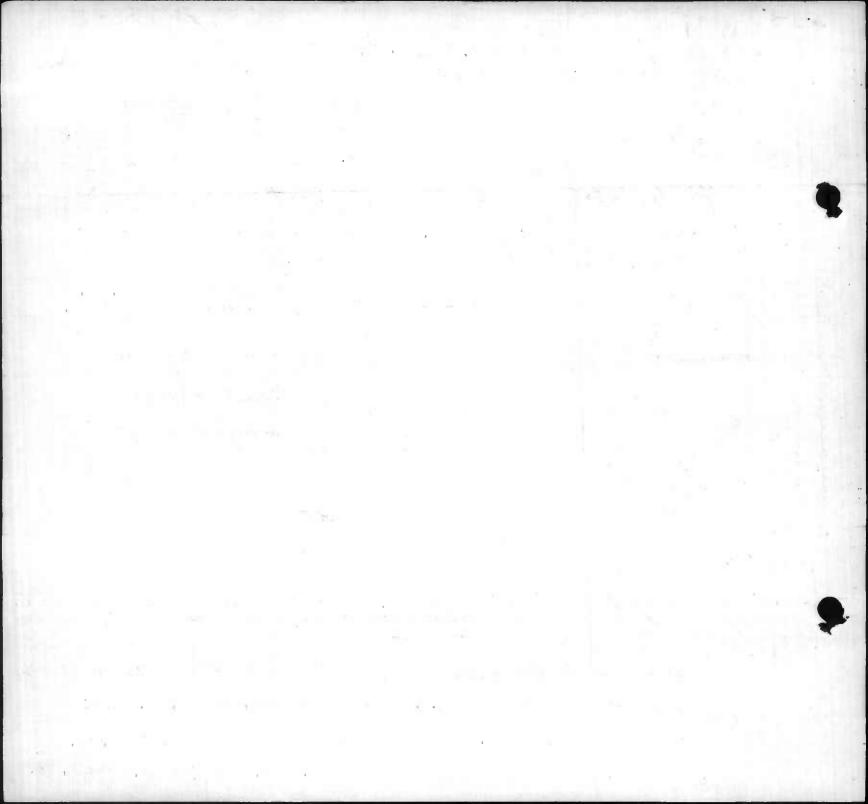
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					HEALTH DEPARTA		68- 2963
		68	- 298	63 CERTIFICA	TE OF DEA	TH REG. NO.	00 2000
1. N	TH NO.			V. (Bessie)		DATE AND HOUR OF DEAT	тн
(Тур	e or Print)	LIZA bet	h B	040)	narch 13,1	968 10:30 P. N
3. F	LACE IN BAL	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived. I B. COUNTY	t institution: residence before admission)
:01	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	manyla	, ,	timore 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	TITUTION	0	1	02/ +	C. CITY OR TOWN	Duildalk	NSIDE CITY LIMITS?
n	orth C	Karles &	energy	Hopilal	E. STREET AND NI	JMBER (TES NO IZ
1	19				18014	Valunt Cu	enul
. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. It Under 24 Hrs Months Doys Hours Min.
7	emale	While	WIDOWED		10-15-9	1 70	12. CITIZEN OF WHAT COUNTRY
		rorking lile, even il retired)		BUSINESS OR INDUSTRY	III. BIRIHPLACE (Sio	or toreign country?	7/ CA
	Floor L		Ring C	andy Co.	Mary	land	a.s.A.
3.	FATHER'S NA!	Not Known			Not Kn		
				11 (22 21 21		OMII	Apparte
		(It yes, give wor or dote		SECURITY NO.	17. INFORMANT	Daughter)	Dundalk, Md.
	No			217-09-1494	Mrs. Joh	n Maul 18	301 Walnut Ave.
	18.4/0	O I	NEGEL V	CAUSE OF DEAT	н 🗸		BETWEEN ONSET AND DEATH
		E OR CONDITION DI	RECTLY	The flesh of	tel. nuy	remdial I	fautin
		of mean the mode of asthenio, etc. If means			A CONSEQUENCE OF		
		plication which caused		· A.	-/ 1	11 + 1	
		INTECEDENT CAUSES		(B) Con	gestine	Heart Fac	luce 2
		R CONDITIONS, if above cause (A)		DUE TO, OR AS	A CONSEQUENCE O	F: Ca 17 1/2	7
		CONDITION last.	Jioning in	(c) Type	reumil	Carrio l'asce	clen formers
_	420.	/ 11_		01			
ATION	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL				
ICA		OPERATION 198 CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY?		RE FINDINGS CONSIDERED
ERTIFIC	0	WAS PER				NO IN CERTIFYING	CAUSES OF DEATH?
U	21 A. ACCIDEN OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	218 hon	PLACE OF INJURY (e.g., ne, lorm, foctory, street, o	n or about 2TC. WHER	RE DID (If in Baltin	more City, give exoct location)
CA	DEATH (notify	medical examiner	etc.)			
MEDI	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		DID INJURY OCCUR?	
<	(APPROX.)		Wo				1
		that (M (this haspital			March 1	19 68 to	March 13 19 68
	that (I) (yes)	last saw the decease	d alive an	March 1	3 19 68	and that in (my) (wor)	opinian death accurred an the da
			red abave. (I) (We) (did) (did not)	view the bady after	r death.	
	23A. SIGNATU	RE	0	Δ.	ending Med.	Staff 7	23 B. DATE SIGNED
	Adin	acun P.	aul	ULL DEGREE Phy	s. Direct		March 13, 196
	NAME (T	(ne)	2.0		23D. ADDRESS	. T D 1 31	,
244	Dr.A.	GOLPIN		M.D. DEGREE		Lane, Dundalk	
24A	REMOVAL		0	AME OF CEMETERY OF CR		24D. LOCATION	(City, town, or county) (Stote)
	urial			. Carmel Ceme			Baltimore, Md.
ZDA	A DATE REC'D	BY HEALTH DEPT.		E January	John J.		e Ave. Dundalk, Md.
V S	150-REV. 1/1/0		Ular State	Co / Brokeny	77	2 -um 1/22 HTS	O AVO



BIRTH NO.		MED	ICAL	EXAN	AINER'S	ERTI	FICATE (OF DEAT	H REG. NO	68-	2964	
NAME OF DEC	CORA	V.	TAY	LOR		2. DATE OF DEAT	For well	Month March	8, 1968	Yeor	Hour	
I. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	RYLAND, W	L OR INST			3. DATE PROP	NOUNCED DEAL	March	8, 1968	Yeor	10:25 P	
Century	Hotel	Rm.	4			A. STATE			ived. If institution: B. COUNTY	residence b	7	
		B. MARR	ED X NEV	ER MARRIED	C. CITY							
Female	Whit	10. AGE (Ir	WIDOW		r. If Under 24 Hrs.		spect Po		YES	<u> </u>	ио Ц	
10-15-19		lost birthdo			ys Hours Min.	78	Struck					
1. BIRTHPLACE		on country)	ענ	12. CITIZEN	I I		IER'S NAME	iiveiide				
Holland				WZSA	COUNTRY?	4	illiam	VanDamme				
4A.USUAL OCCU			14B. KIND	OF BUSINE	SS OR INDUSTRY							
one during most of v	working lite, ev	en irrenired)				1	оси Вот					
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 17. SC	OCIAL CURITY NO.	18. INF	DRMANT .		AD	DRESS		
Yes, no or unknown	WW	11		149	-22-4955	VAH	Records	Perry	Point, Ma	rulan	de	
19.	X+7	03.9			CAUSE OF DEA	TH				APF	PROXIMATE INTERVA EEN ONSET AND DEA	
DISEAS	E OR CONE	ITION DIRE	CTLY									
	LEADING TO		lan an		(A)IMMEDIATE	AUSE A	sphyxia					
heort foilure	, osthenio, etc	. It meons the	diseose,		DUE IO, OK	AS A CON:	SEQUENCE OF:					
mory or co.	injury or complication which coused death.)									DOM:		
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RISE TO TH	E ABOVE CA	USE (A) STA			DOL 10, OK	AS A CO.	SEGULACE OF.					
	NG CONDIT	ION LAST.			(c)	th der-was with whice who with white sale sale was	a men men esta 1848 menta menta da un carella da deriva der-	an also also also also distribution di sella di servica anno di sella also del del			****	
O TO THE DE	NIFICANT COL	RELATED TO	THE TERM	ING NAL	Acute	ethy1	ism					
<u> </u>	F OPERATION			FOR WHICH	OPERATION W	AS PERFO	RMED			21. AUTO	PSY? (Yes or No)	
5 1												
Z 22A. EXTER	NAL CAUSE	WAS		228. PLACE	OF INJURY (e.g.,	in or obo	1 22C. WHERE	DID (If in Boltime	ore City, give exoc		103	
UNDERLYING CA				Resta	foctory, street, offic	e bidg., etc		. Charles	St	113	-05	
≥ 22D. TIME		Doy) (Yeo	r) (Hour		LIPY OCCUPRED	3	22F HOW DI	D INJURY OCC				
(APPROX.) 3	-8-68	9:3	30 P	m. WHILE AT	NOT AT W	WHILE X	Asphy	kia by fo	bod			
23.		1		_			36					
1 cert	tify that I h	eld an I	nquiry L			tapsy X	and that	an this basis	, deoth in my o	noiniqu		
resul	ted fram: N	latural cau	ses 🗌	Acciden	ntXX Suicio	le 🗌	Hamicide 🗌	Undeterm	ined manner]		
ACTUAL	/1	0	6 ()	() -				CAL EXAMINER			DATE SIGNED	
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EXAMIN	1 1 1 1	arles S	S. Sp	ringate	e, M.D.	AS	SOCIATE MEDI	CAL EXAMINER		3-	-9-68	
NAME (*	(ype)	248. DATE			AE of CEMETERY	ar CREM	ATORY	24D. LOCATION	V (City, town,	or county)	(Stole)	
REMOVAL (Speci	ify)		10/0	,			_	Γ .		4) 14	(31016)	
Kemova	DV HEATTH	3-11-	1400	Lon	g Island		(em.	Farming	dale, L.L	.,N.Y	•	
25A. DATE REGIO	RIBI	568 G	0- 7	AME OF A	GISTRAR	25	C/FUNERAC/DI	TO TOR	en ton	DRESS		
		4	CANAL STATE	, -, -		L	e A. Par	terson 6	Son Pe	naini	110 MM.	

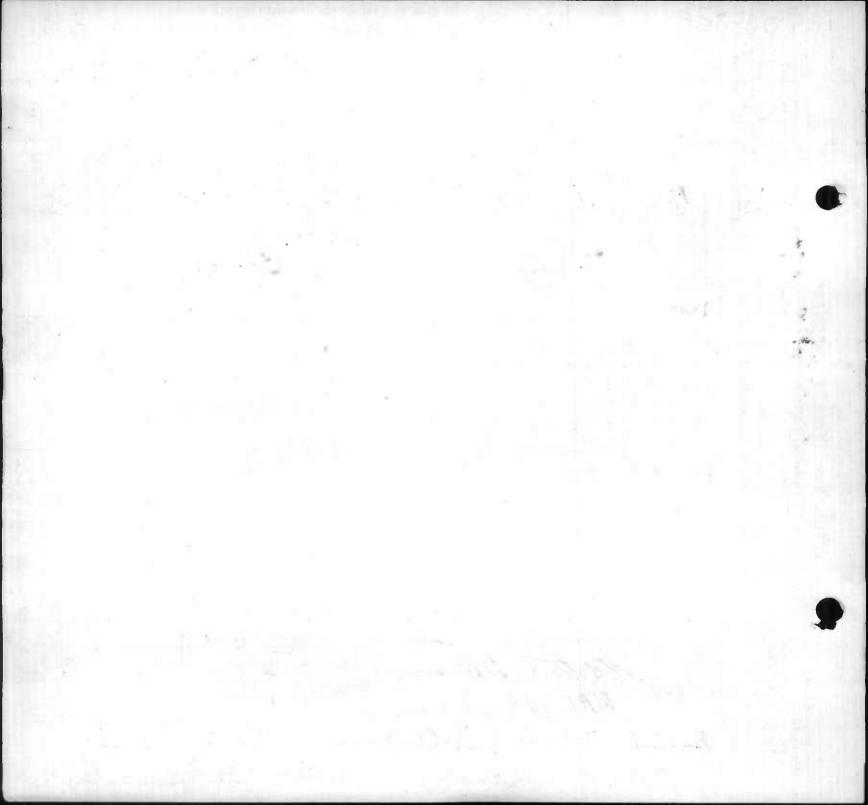
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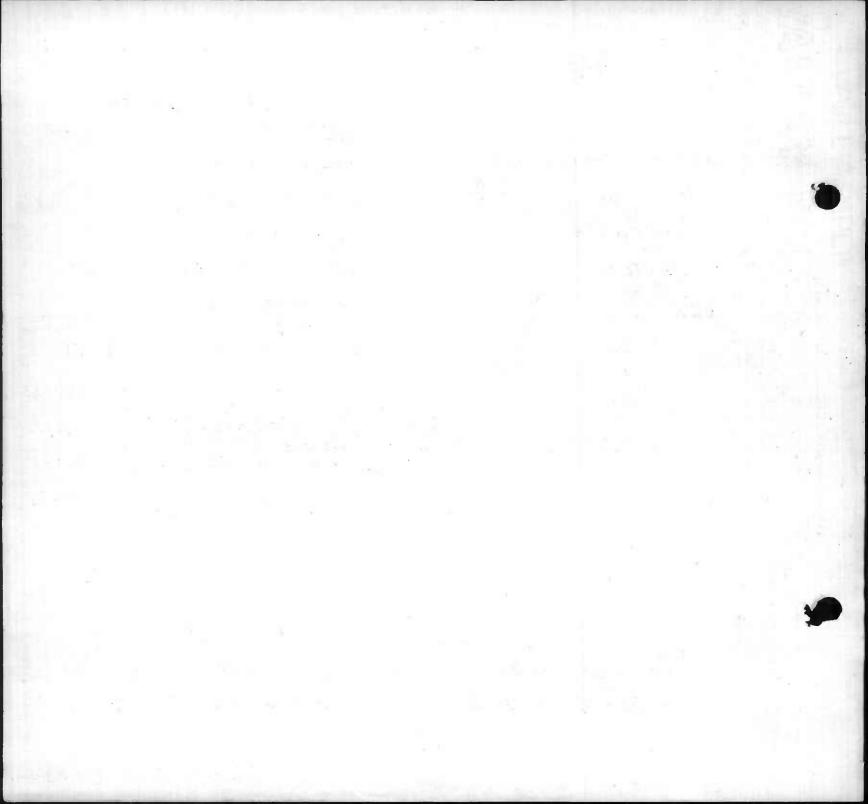
WALEGON Voyables Marie 17 Will Leavis From Friend Constitution THE ARTHUR PROPERTY AND ADDRESS OF THE PARTY AND may be with my different the comment · Critical Comments

was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior ta death); and (6) Na physician was in regular attendance an the deceased prior ta death. Such written apprayal must be abtained before the remains are embalmed or final dispasitian is made. This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and the bady was released to the haspital by a medical examiner. Alsa, if the direct ar contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (1)

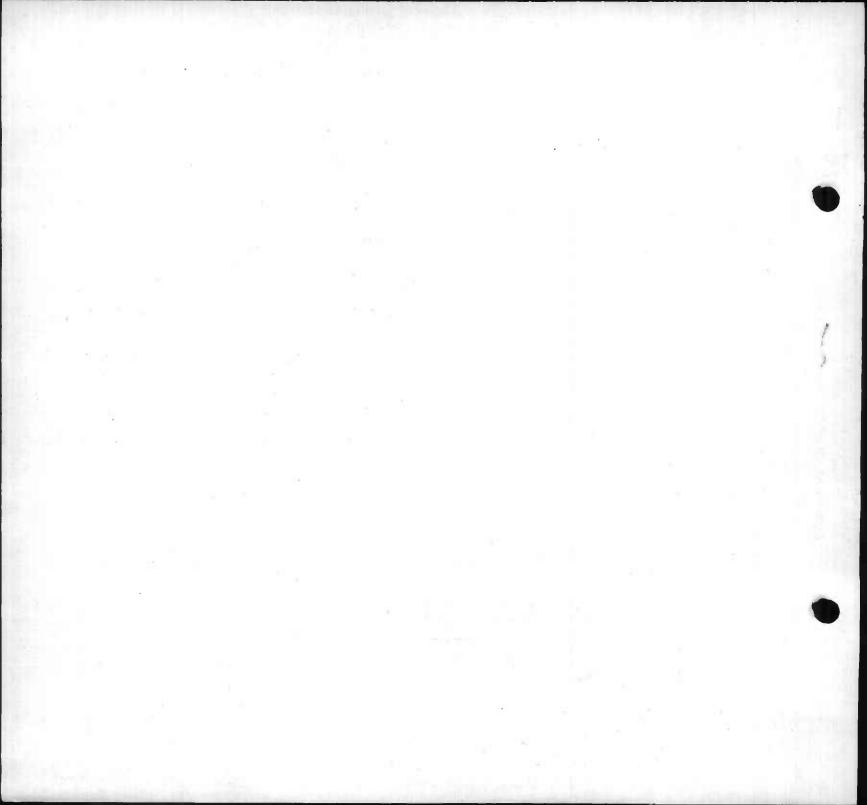
68- 2965 BALTIMORE CITY	Y HEALTH DEPARTMENT						
BIRTH NO. 48.04491 CERTIFICA	ATE OF DEATH REG. NO. 68-2965						
T. NAME OF DECEASED (Type or Print) ERIC Tallex	2. DATE AND HOUR OF DEATH 3 -1/-68 5/0 7 Pm.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNGED DEAD	4. USUAL RESIDENCE (Where deceased lived, IT institution; residence before admission) A. STATE 8. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN						
425 inai Hosp. of Balt.	E. STREET AND NUMBER						
3108 Pressman St							
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.						
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
TO PARTIE NAME	Marxiana						
13. FATHER'S NAME	Coustauce						
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
no							
18. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CA	THE ASSESSED INC.						
	A CONSEQUENCE OF:						
injury or complication which coused death.)							
ANTECEDENT CAUSES (B)	andiac fromalx 22daxs						
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:						
UNDERLYING CONDITION lost. (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., home, form, foctory, street, company)	in ar obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?						
DEATH (notily medical examiner) etc.)							
OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Not Whi Work At Work	OCCURRED 21F. HOW DID INJURY OCCUR?						
22. I certify that (I) (this haspital) attended the deceased fram	3-1/ 1960 to 3-1/ 1968.						
that (I) (we) last saw the deceased alive an 3-11	19 6 and that in(my) (aur) aplnian death accurred an the date						
and haur and from the causes stated abave. (1) (We) (did) (did nat)							
23A. SIGNATURE	23B, DATE SIGNED						
MUMENO FUEL MAN DECREE PH	ys. Director Phys. U						
23C. PHYSICIAN'S NAME (Type) MARTINS / 16PKMAR)	23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Gity, town, or county) (Stote)							
Bural 3-13-68 M-auburn Balto. md.							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
MAR 18 1968 (1. C. L. E. Salaya	Walnu 25/06Edmondson and						
VS 150-REV. 1/1/68							



-	BALTIMORE CITY	HEALTH DEPARTMENT					
	BETH NO. 68- 2966 CERTIFICA	TE OF DEATH REG. No. 68-2366					
	1. NAME OF DECEASED MAE EDWARDS	2. DATE AND HOUR OF DEATH 20 PM.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONTUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND BALTO. 63 - 00 C. CITY OR TOWN - D. INSIDE CITY LIMITS?					
1	49	BALTHURE YES NO P					
	NORTH CHARLES GEN. HOSPITAL	E. STREET AND NUMBER 362 Lee Anne Rd.					
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.					
	✓ WIDOWED DIVORCED	6-3-00 67					
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) HOUSEWIFE	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? URGINIA U. S					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	BANTON	MOLLIE SERGEANT (D) 17. INFORMANT ADDRESS					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 1. A.M.	HOSPITAL CHART					
	18. CAUSE OF DEATH	ADDROVIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY	Lobar preumonia BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	SE TREATE COURT HOURS					
		A CONSEQUENCE OF:					
	injury or complication which caused deoth.)	JHOCK. 1+2 DAYS.					
	ANTECEDENT CAUSES (B)						
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. DUE TO, OR AS A CONSEQUENCE OF: OBSTRUCTION, COLOR 3 DAYS (C) THE TOTAL OBSTRUCTION COLOR S DAYS						
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6.9., ir						
	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?					
	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (Appear) (Appear)	21 F. HOW DID INJURY OCCUR?					
	(APPROX.) Wark At Wark						
	22. I certify that (I) (this hospital) ottended the deceosed from	3-8 1968 to 3/14 1968,					
	that (I) (we) lost sow the deceased alive on.	19ond that In(my) (aur) opinian death accurred an the date					
	and hour and fram the causes stated above. (1) (We) (did) (dld nat) v	iew the body after death.					
	23A. SIGNATURE	23B. DATE SIGNED					
	TRINGSON, M, D. DEGREE Phys	nding Med. Staff Phys. 3/14/68					
	NAME (Type) H BFNG70N H.D	NORTH CHARLES GEN. HOSPITAL					
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, tawn, or county) (State)					
	BURIAL 7/16/68 MORELAND 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	BALTO. Mud-					
	MAD 18 1868 A A A C Z C	Commelle Teneral House 300 More					



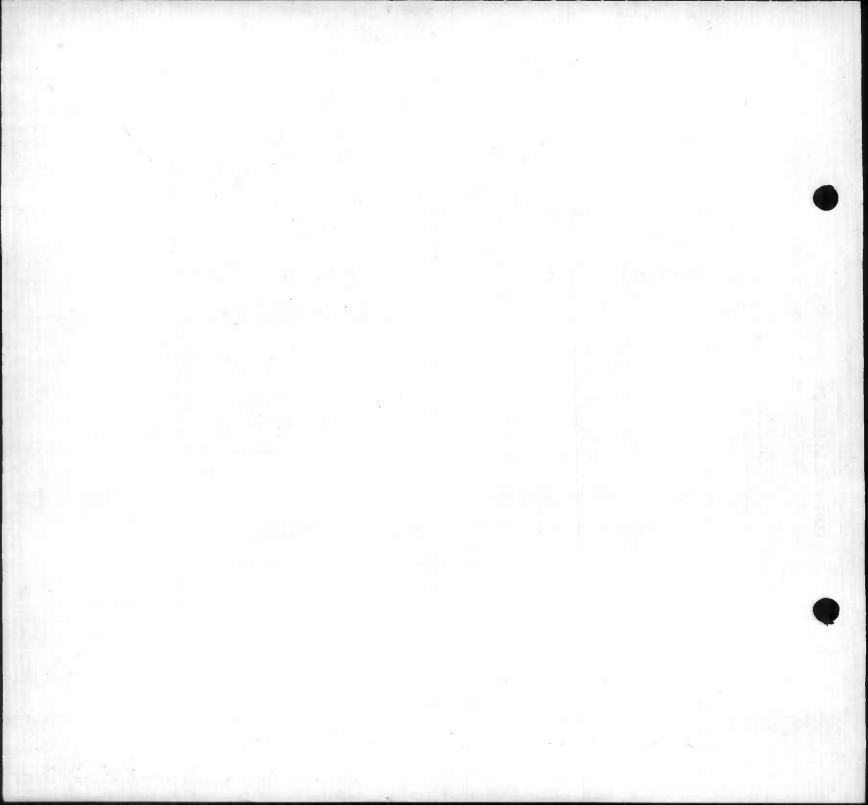
00 00	BALTIMORE CITY	HEALTH DEPARTMENT		00 0000
68- 29	CEPTIFICA	TE OF DEATH	REG. NO.	68- 2967
BIRTH NO.	CERTITICA	IL OI DEATH		
1. NAME OF DECEASED	a //	2. DATE AN	D HOUR OF DEATH	
(Type or Print) MARIBAL M	· JCHERE	p ma	Dr. 11	681
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO			e deceased lived. If i	stitution: residence béfore admission
		A. STATE B. COUN	TY	010/
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	mo		1 / Paris.
HOSPITAL OR ADDRESS OR LOCATION)	1	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
INSTITUTION)		13017		YES NO
Illauma Men It	De-	C STREET AND AUMADED		TES Z
House Men H	112	E. STREET AND NUMBER	2 1	_
	V	2833 NOSI	ALIEHU	6
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED		AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
- 11/			ost birthdoy)	Months Days Hours Min.
F, Widov		OCT. 6.08	3/-	
IDA, USUAL OCCUPATION (Give kind of work 10B, KINE done doring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY
		Bar		
Ject.		NACIO.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
CIARANCE LOWE		1-112 WA	NER	
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	11		O ADDRESS
	112-03-100	Hirsemin		Jame
1B, — 4. V	CAUSE OF DEAT	MUSBAND		APPROXIMATE INTERVAL
7748	CAUSE OF BEAM	\ \ \ \	1 1-	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		D.	hl.	
LEADING TO DEATH	(A) IMMEDIATE CAU	SE JUIMMAN ON	1011	MANUTE MAKE
(This does not meon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	1111
heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,	111/10/1		, ,
ANTECEDENT CAUSES	That	1/4 VI		GO A LYON HH
ANTECEDENT CAUSES	(B) 11YmU	יייכריון מיאועווווא		CATIVITY IT INVALID
DISEASES OR CONDITIONS, if any, given		CONSEQUENCE OF:		
rise to the obove cause (A) stating UNDERLYING CONDITION (as).	(c) E avenum	1 A DYLANT INT		MMal 2 mma
ONDERLING CONDITION last.	(c) c divitini	THE TOTAL PARTY		
_ /70 X II	0	V Killing		0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI		1 VO CHAMILLEY	w distant.	1 1/2/22
☐ ITO THE DEATH BUT NOT RELATED TO THE TERMIN ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	TAL COVITOR	KINING OF IT	M CHO HALL	1 1300
	OR WHICH OPERATION	20A. AUTOPSY? es or No	OB. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED		,	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or chout 21 C. WHERE DID	(If in Baltima	re City, give exact location)
, OR CONTRIBUTING CAUSE OF	home, farm, factory, street, of	fice bldg., INJURY OCCUR?	omitipa ni ii)	re City, give exoct location)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
S OF INJURI	While At Not While			
(APPROX.)	Work At Work	da		Ma.
22. I certify that (I) (this haspital) attend	ad the desensed from	Morm .	969 10 11	111/1/ 1968
	. 1114	V 1 0		
that (I) (we) lost sow the deceased alive	on 10111 an	19 16 and the	ot in(my) (our) op	inion deoth occurred on the dot
and hour and from the causes stated abov	e. (1) (We) (did not)	iew the body ofter death		
23A. LONATURE	(-/ (e-c). (and not) v	The body offer dedfil.		DATE SIGNED
			S. 11	23B. DATE SIGNED
William Johnson	Physi	nding Med. Director	Staff Phys.	12 11114M 68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		TI THINKI OV
NAME (Type)		0,141	1	0.
HOWARD GOODMA	N . DEGREE	5604 Na	eford 1	
24A. BURIAL CREMATION, 24B. DATE 24		MATORY 24D. LC	CATION (C	ity, town, or county) (State)
MENOVAL (Specify) 9/11/16	Hd 1x 1	B	m L	
Juna 1/4/68 1	sallo come	Ho	alw M	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250. ENNERAL/DIRECTOR	20	ADDRESS
MAD 10 4900 A 4	+ 0 T. 0	14/1 fol 11 mes	um GAL	7 340,1161
MAR 10 1368 (12.0.	The William Pall	Vy Juima	and eva	1 mesoca
VS 150-REV. 1/1/68				



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

11/	U-452 BALTIMORE CITY HEALTH DEPARTMENT BEC NO. 68- 2968									
6	68-	2968	CERTIFICA	TE OF DEATH	REG. NO	00 5000				
1,1	NAME OF DECEASED	11/11/1	AM5		ND HOUR OF DEATH	18 11.350				
3.	PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCEL	DEAD	4. USUAL RESIDENCE (Who		stilution: residence before admission)				
FU	ILL NAME OF (IF NOT IN HOSPITAL OSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION,	GIVE STREET	Md						
	STITUTION	/		C. CITY OR TOWN By Tomore D. INSIDE CITY LIMITS? YES E. STREET AND NUMBER						
10	Sing! H	OSD								
	JINGI 11			3709 Calloway Hve.						
	A V V	MARRIED X NE	DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.						
	N. USUAL OCCUPATION (Give kind of work 10) ie during most of working life, even if retired)	3, KIND OF BUSIN	NESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?				
12	FATHER'S NAME			Ma.	AAE					
. 13.	Chanles Edv	v. Wi	llians	Ann'a W'/son						
15. (Ye	Was Deceased Ever in U. S. Armed Forces s,no or unknown) (If yes, give wor or dotes of	? 16. Se service)	OCIAL ECURITY NO.	17. INFORMANT	1	ADDRESS				
				Edith Will	iams	sque				
	18. 410.9 I		CAUSE OF DEAT	H ~//	1 /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECT	TLY	(A) IMMEDIATE CAL	ISE MUDON	WIAL INTA	MIN				
	(This does not mean the mode of dy heart failure, asthenia, etc. 11 means the			A CONSEQUENCE OF:	A STANDARD CONTRACTOR	N.S. A. J.				
	ANTECEDENT CAUSES	alh.)	1100N	via 70 to day	mic ourlma	Look Museum				
	DISEASES OR CONDITIONS, if ony	/. aivina	(B) DUE TO, OR AS	A CONSEQUENCE OF.	in present	rum 10 years				
	rise to the obove couse (A) st UNDERLYING CONDITION last.		(c)	ASCVI) - Kapatuan	ege years				
ATION	OTHER SIGNIFICANT CONDITIONS CONTI	TERMINAL	Lple	eural offusion; ch	honic brain sy	u				
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDIT	TON FOR WHICH	OPERATION	20A. AUTOPSY? (Yes of N	10) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?				
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLAC home, form etc.)	E OF INJURY (e.g., i n, foctory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)				
100	21D. TIME (Month) (Doy) (Year) (RY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
Z	(APPROX.)	While At Work	Not While At Work		10	- /1/				
	22. I certify that (I) (this hospital) attended the deceased from 3 19 10 to 3/16 19 00.									
	that (I) (we) lost sow the deceased					nion deoth occurred on the dote				
	ond hour ond from the couses stoted	obove. (I) (We) (did) (dld not) v	iew the body ofter deoth.		238. DATE SIGNED				
	allon 5	Winds	III AUII Phi	nding Med.	Staff Phys.	3/17/68				
	23C. PHYSICTAN'S NAME (Type)	23C. PHYSICTAN'S 23D. ADDRESS								
	(A) 50	USH HK C	DE GEGREE	Singi t	Josp					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)										
25	A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REC	GISTRAR	2SC. FUNERAL DIRECTO	H. Co.	/// ADDRESS				
1		Franker, P	1	Sullivan Fu		11 1 1 1 1 1 1 1				
VS	150-REV. 1/1/68			9411154414	- CFG I I VIN	- III III III III III				



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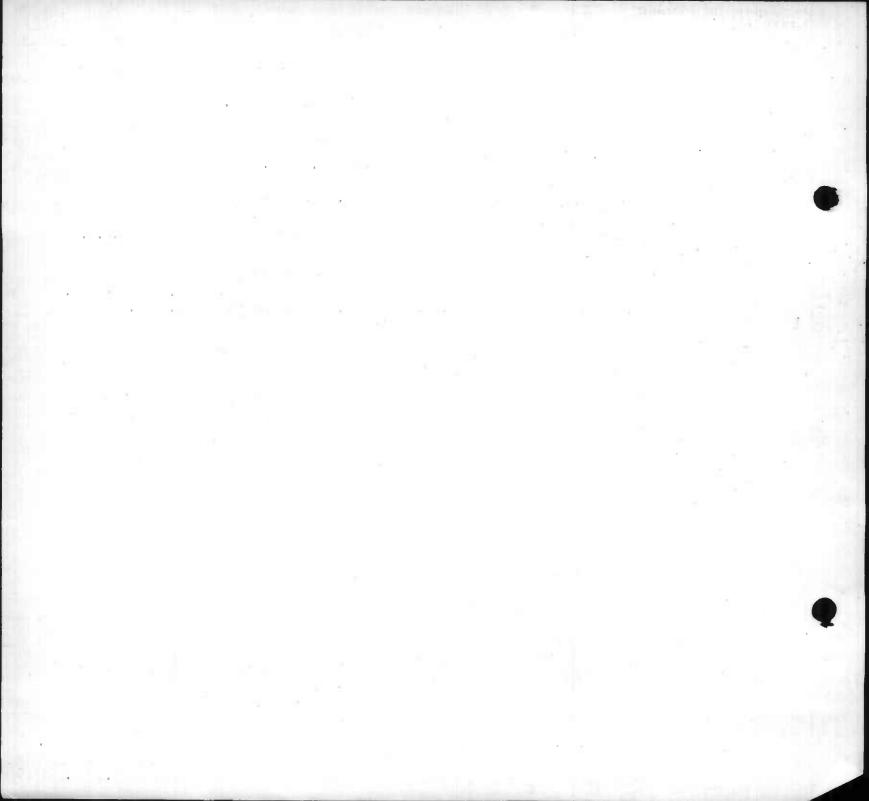
BALTIMORE CITY HEALTH DEPARTMENT

60_	2000
00-	2969

7,	e or Print)	George Gi	ilbert		3-14-	.68	6:30
3. PI		TIMORE, MARYLAND		JNCED DEAD		ere deceased lived. If	institution: residence before odmis
EUL	L NAME OF	HE NOT IN HO	CPITAL OR INSTITU	JTION, GIVE STREET		lto.	
HO!	SPITAL OR	ADDRESS OR L		, 11011, 0112	C. CITY OR TOWN		VSIDE CITY LUMITS?
					Baltimore		ES NO
	77	100 S. Stri	icker Stre	et	E. STREET AND NUMBER	21	110
0		6. RACE			B. DATE OF BIRTH	er Street	If Under 1 Yr., If Under 24
· SE				NEVER MARRIED		lost birthday)	Months Doys Hours Min
	Male	W UPATION (Give kind of	WIDOWED Work 10B, KIND OF	BUSINESS OR INDUSTRY	Aug. 12, 1903	eign country)	12. CITIZEN OF WHAT COUN
	during most of	working life, even if retir		BUSINESS ON INDUSTRIA		ядп соотну/	
		visor			Pennsylvania		U.S.A.
3. F	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	2.4
	unknown				unknown		
5. V	Nos Deceosed	Ever in U. S. Armed		1 6. SOCIAL SECURITY NO.	17. INFORMANT	100 S.	Stricker St.
	no			219-30-5002	Mrs. Mary Gilb		
	1B. ///0	·a		CAUSE OF DEATH		,	APPROXIMATE INTERV
	DISEASES (ANTECEDENT CAU OR CONDITIONS,	ISES if ony, giving	(B)OUE TO, OR AS	aled myo	'cordial	enteration
ATION	DISEASES (rise la lh. UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C	ANTECEDENT CAU OR CONDITIONS, le above couse G CONDITION losi. II FICANT CONDITIONS TH BUT NOT RELATED TO CONDITION GIVEN IN	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART I (A).	(c)			
ERTIFICATION	DISEASES (rise la lh UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR C	ANTECEDENT CAU OR CONDITIONS, e above couse G CONDITION lost. FICANT CONDITIONS TH BUT NOT RELATED TO THE BUT NOT	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED	(C)	20 A. AUTOPSY? (Yes or N	(o) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ICAL CERTIFICATION	DISEASES (rise la Ih- UNDERLYING OTHER SIGNIE TO THE DEAT DISEASE OR C 19A. DATE OF 2TA. ACCIDE OR CONTRIBL DEATH (notify	ANTECEDENT CAU OR CONDITIONS, se above couse G CONDITION lost. FICANT CONDITIONS TH BUT NOT RELATED TONDITION GIVEN IN FOPERATION 198. (WAS THE WAS UNDERLYIN UTING CAUSE OF THE WAS UNDERLYIN THE WAS	if ony, giving (A) slaling lhe CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR V PERFORMED 218. hom etc.)	WHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, of	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	o) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED
MEDICAL CERTIFICATION	DISEASES (rise la lh UNDERLYING OTHER SIGNIF TO THE DEAI DISEASE OF C 19A. DATE OF 2TA. ACCIDE OR CONTRIBUTE DEATH (notify	ANTECEDENT CAU OR CONDITIONS, le above couse l G CONDITION lost. FICANT CONDITIONS TH BUT NOT RELATED TO CONDITION GIVEN IN FOPERATION 198. (WAS UND THE CONDITIONS CONDITIONS GIVEN IN THE CONDITION 198. (WAS UNT WAS UNDERLYING CAUSE OF	if ony, giving (A) slaling lhe CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR V PERFORMED 21B. hom etc.) (eor) (Hour) 21E.	WHICH OPERATION PLACE OF INJURY (e.g., i e, form, foctory, street, of) INJURY OCCURRED	20.A. AUTOPSY? (Yes or N in or obout 21.C. WHERE DID ffice bldg., INJURY OCCUR?	o) 20B. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES (rise la lh UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR C 19A. DATE OF OR CONTRIBE DEATH (notify	ANTECEDENT CAU OR CONDITIONS, se above couse G CONDITION lost. FICANT CONDITIONS TH BUT NOT RELATED TONDITION GIVEN IN FOPERATION 198. (WAS THE WAS UNDERLYIN UTING CAUSE OF THE WAS UNDERLYIN THE WAS	if ony, giving (A) slaling lhe CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR V PERFORMED 21B. hom etc.) (eor) (Hour) 21E.	WHICH OPERATION PLACE OF INJURY (e.g., integration of the company	20A. AUTOPSY? (Yes or N in or obout 21C, WHERE DID injury OCCUR? 21F. HOW DID IN	(If in Bolting	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES (rise la lh UNDERLYING OTHER SIGNIF TO THE DEAD DISEASE OR CO 19A. DATE OF OR CONTRIBE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	ANTECEDENT CAU OR CONDITIONS, le above couse G CONDITION lost. FICANT CONDITIONS TH BUT NOT RELATED TO THE BUT NO	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED 21B. hom etc.) (ear) (Hour) 21E. Whi	WHICH OPERATION PLACE OF INJURY (e.g., integration of the community of th	20A. AUTOPSY? (Yes or N in or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN	(If in Bolting	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISEASES (rise la lh UNDERLYING OTHER SIGNIF TO THE DEAD DISEASE OR CO 19A. DATE OF OR CONTRIBE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify	ANTECEDENT CAU OR CONDITIONS, the above couse G CONDITION lost. FICANT CONDITIONS TH BUT NOT RELATED TO CONDITION GIVEN IN FOPERATION 198. (WAS UNIT WAS UNDERLYIN UTING CAUSE OF the medical exomine) (Month) (Doy) (Y	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED 21B. hom etc.) (ear) (Hour) 21E. Whi	WHICH OPERATION PLACE OF INJURY (e.g., integration of the community of th	20.A. AUTOPSY? (Yes or Nin or obout 21.C. WHERE DID INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING COUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location)
MEDICAL CERTIFICATION	DISEASES (rise la lh UNDERLYING OTHER SIGNIF TO THE DEAI DISEASE OR C 19A. DATE OF 2TA. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an	ANTECEDENT CAU OR CONDITIONS, or above couse of CONDITION lost. FICANT CONDITION S TH BUT NOT RELATED T CONDITION GIVEN IN FOPERATION 198. WAS WAS WAS WAS WAS WAS WAS WA	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR V PERFORMED 1218. 146 218. 156 400 218. 167 400 400 400 400 168 400 400 400 400 169 400 400 400 400 160 400 400 400 160 400 400 400 160 400 400 400 160 400 400 400 160 400 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400	WHICH OPERATION PLACE OF INJURY (e.g., i e.e, form, factory, street, of injury occurred ite At Work At Work he deceased fram	20A. AUTOPSY? (Yes or N in or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) The second s
MEDICAL CERTIFICATION	DISEASES (rise Ia Ih- UNDERLYING OTHER SIGNIF TO THE DEAI DISEASE OR C 19A. DATE OF 2TA. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAU OR CONDITIONS, or above couse of CONDITION lost. FICANT CONDITION S TH BUT NOT RELATED T CONDITION GIVEN IN FOPERATION 198. WAS WAS WAS WAS WAS WAS WAS WA	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR V PERFORMED 1218. 146 218. 156 400 218. 167 400 400 400 400 168 400 400 400 400 169 400 400 400 400 160 400 400 400 160 400 400 400 160 400 400 400 160 400 400 400 160 400 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400	WHICH OPERATION PLACE OF INJURY (e.g., in the tention of the tent	20A. AUTOPSY? (Yes or N in or obout 21C, WHERE DID ffice bidg,, INJURY OCCUR? 21F. HOW DfD IN 1968 and to	JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location) The print of the second se
MEDICAL CERTIFICATION	DISEASES (rise la lh UNDERLYING OTHER SIGNIF TO THE DEAI DISEASE OR C 19A. DATE OF 2TA. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an	ANTECEDENT CAU OR CONDITIONS, or above couse of CONDITION lost. FICANT CONDITION S TH BUT NOT RELATED T CONDITION GIVEN IN FOPERATION 198. WAS WAS WAS WAS WAS WAS WAS WA	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR V PERFORMED 1218. 146 218. 156 400 218. 167 400 400 400 400 168 400 400 400 400 169 400 400 400 400 160 400 400 400 160 400 400 400 160 400 400 400 160 400 400 400 160 400 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 400 160 400 160 400 400 160 400 400 160 400 400 160 400	WHICH OPERATION PLACE OF INJURY (e.g., in the tention of the tent	20.A. AUTOPSY? (Yes or N in or obout 21.C. WHERE DID ffice bidg,, INJURY OCCUR? 21.F. HOW DfD IN 19.6. and to view the bady after death.	JURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location) Maye a 14 1964 apinian death accurred an the
MEDICAL CERTIFICATION	DISEASES (rise la lh UNDERLYING OTHER SIGNIF TO THE DEAI DISEASE OR C 19A. DATE OF 2TA. ACCIDE OR CONTRIB DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an	ANTECEDENT CAU OR CONDITIONS, le above couse G CONDITION lost. FICANT CONDITION S TH BUT NOT RELATED T CONDITION GIVEN IN F OPERATION 198. (Mass UNDERLYIN UTING CAUSE OF y medicol exominer) (Month) (Doy) (Y that (1) (this hasp) last saw the dece	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART I (A). CONDITION FOR V PERFORMED 1218. 146 218. 156 218. 166 400 218. 167 400 400 400 168 400 400 400 169 400 400 400 160 400	WHICH OPERATION PLACE OF INJURY (e.g., i te, form, foctory, street, of the te, form) INJURY OCCURRED At Work The deceased fram Bove to the te, the deceased fram (I) (We) (did) (did nat) which is the te, the t	20.A. AUTOPSY? (Yes or N in or obout 21.C. WHERE DID ffice bidg,, INJURY OCCUR? 21.F. HOW DfD IN 19.6. and to view the bady after death.	JURY OCCUR? 1965 ta hat in(my) (aur) a	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) The print of the print
MEDICAL CERTIFICATION	DISEASES (rise Ia Ih UNDERLYING OTHER SIGNIF TO THE DEAD DISEASE OR C 19A. DATE OF 2TA. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur an 23A. SIGNATU 23C. PHYSICIA 23C. PHYSICIA	ANTECEDENT CAU OR CONDITIONS, e above couse G CONDITION lost. FICANT CONDITION STH BUT NOT RELATED TO THE BUT NOT THE B	if ony, giving (A) stating the CONTRIBUTING TO THE TERMINAL PART I (A). CONDUITION FOR V PERFORMED 121B. hom etc.) (ear) (Hour) 21E. Whi wor stated abave. (I	WHICH OPERATION PLACE OF INJURY (e.g., i te, form, foctory, street, of the te, form) INJURY OCCURRED At Work The deceased fram Bove to the te, the deceased fram (I) (We) (did) (did nat) which is the te, the t	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 23D. ADDRESS	JURY OCCUR? Stoff Phys. Color of the Colo	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) The print of the print

Rent E Fallens

4101 Edmondson Avenue
Witzke Funeral Directors, Balto., Md. 21229

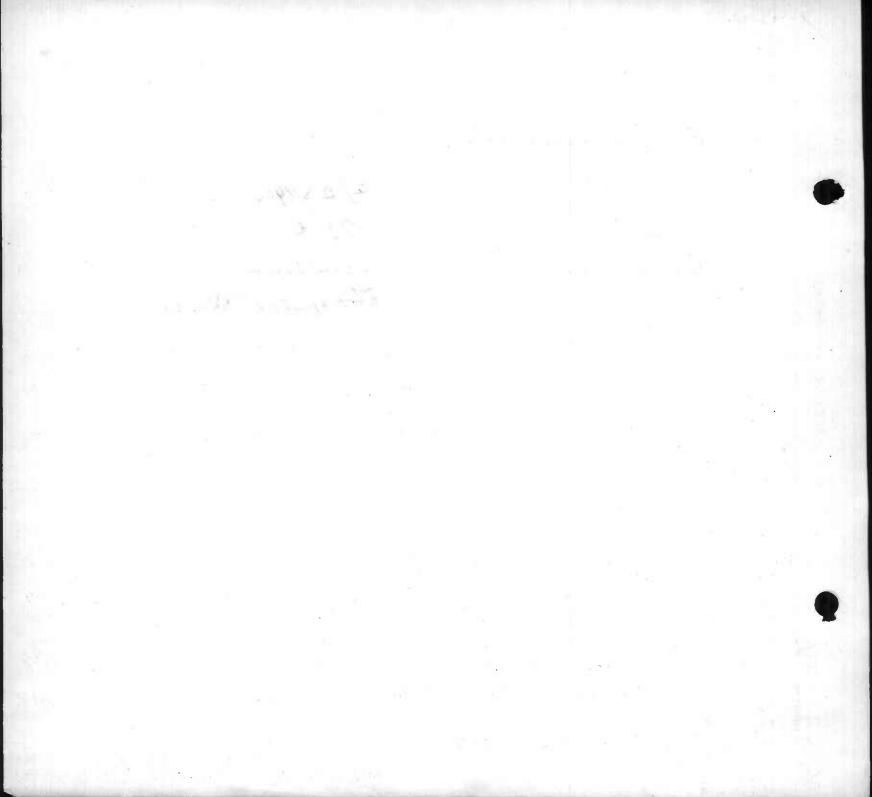


	0.01510	BALTIMORE				
Q	2970	CEDTIE	CA	TEO	E DE	A TL

REG. NO	68-	2970

BIRTH NO.	CERTIFICA	D. DATE AND	D HOUR OF DEATH	
(Type Gracie Allen		March	7-I9 68	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institution	n: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	INSIDECIT	6 1 -
Church Home	Thorptal	Baltimore E. STREET AND NUMBER 201 Mason Ct	YES	NO.
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	, AGE (In years If Ur	nder 1 Yr. If Under 24 Hrs. hs: Doys Hours Min.
F Negro WIDOW		2/25/1906	64	
done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country) 12. C	STIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.	
und Inger	y	undenn	-	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Record	ADDRESS
18. 2 5 0 0	CAUSE OF DEAT	H Privac	- cords	APPROXIMATE INTERVAL
LEADING TO DEATH (This does not meen the mode of dying, heart foilure, asthenia, etc. It meens the diseinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the above cause (A) stating UNDERLYING CONDITION last.	ving (B) DUE TO, OR AS (C) NG	A CONSEQUENCE OF:	ect D	4 years 3 year
OTHER SIGNIFICANT CONDITIONS CONTRIBUIL TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDIN	
THE COLUMN				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Boltimore City,	give exoct location)
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E, INJURY OCCURRED While At Not While Work Not Work		JRY OCCUR?	
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive	1.1.1	11.10		leath accurred an the dote
ond haur ond from the causes stoted abov	e. (I) (We) (dtd) (did not)	view the body ofter deoth.		
23A. SIGNATURE	les MD Ath		Staff Phys.	March 186
23A. SIGNATURE TACH IN MILE 23C. PHYSICIAN'S NAME (Type) Tacob M. MILE	PLONEE		Finne St 13	
24A BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR		OCATION (City, tow	n, or county) (State)
BATE SECO BY HEAL THE DEPT! 25B. NAT	OF REGISTRAR	FUNERAL DIRECTO	De las	ADDRESS MAN THE ADDRESS

'S 150-REV. 1/1/6B

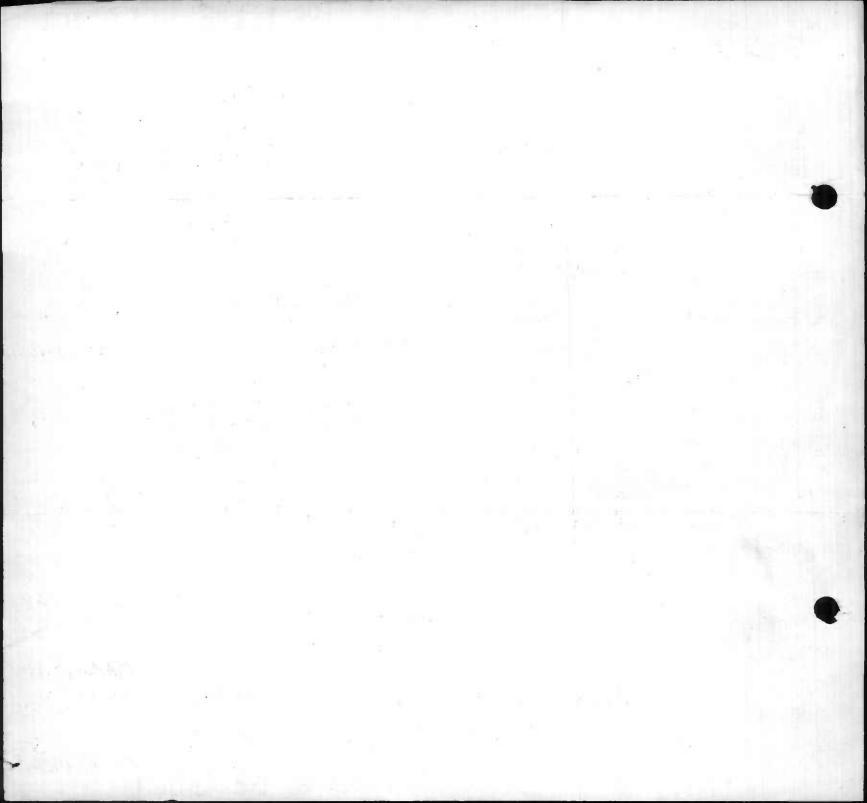


68	2971	BALTIMORE CITY HEALTH DEPARTMENT
00	COLT	CERTIFICATE OF DEATH

REG. NO. 68- 2971

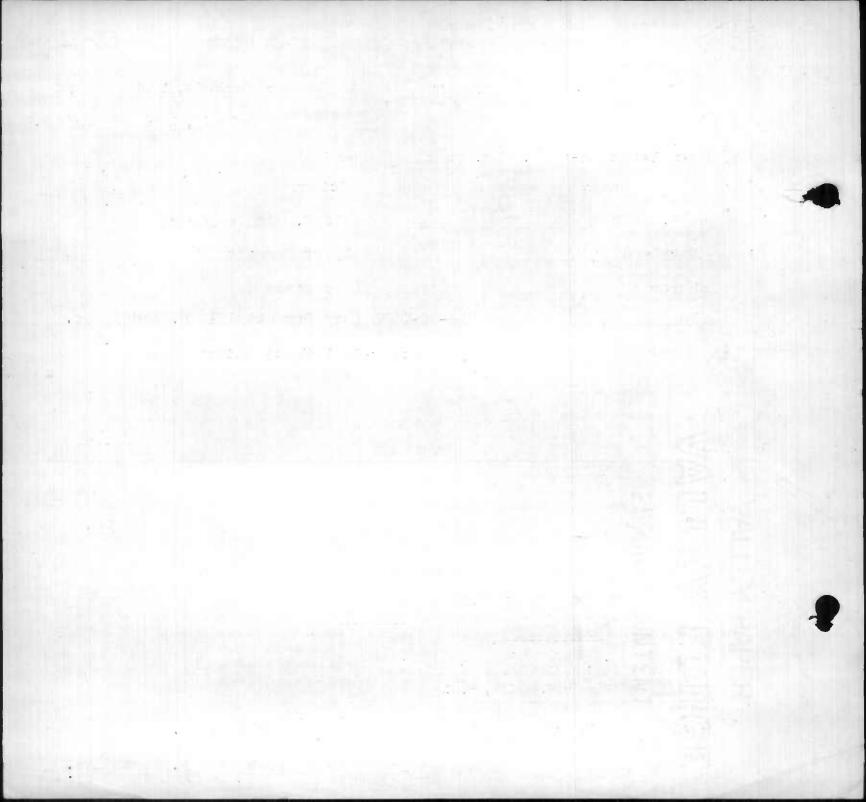
I. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print) SARAH	L. HALL	- 11	ARCH 11, 1968	7 9 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) ADDRESS OR LOCATION)	STITUTION, GIVE STREET	A. STATE B. COL	Hore decessed lived, If institutions INTY AND MORE D. INSIDE SY	Phone No
00.150 W. HAM	iburg Jt	E. STREET AND NUMBER	J. HAMBUR	8 ST
S. SEX 6. RACE WIDOW	VED DIVORCED	12-21-1812	Nonth	der 1 Yr. 16 Under 24 Hrs. s Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	MARY	LAND	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME HENRY MA	ARTIN	14. MOTHER'S MAIDEN N	AME	
15. Was Deceased Ever in U. S. Aryled Forces? (Yes, no or unknown) (If yes, give way or dotes of service)	1 6. SOCIAL	PAULINE	THOMAS	ADDRESS
18.410.9	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAI	CARDIAL	INFARCTION	UKKHON
(This does not meen the mode of dying, of heart foilure, asthenia, etc. It means the disectiniury or complication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, gives to the obove couse (A) stoting UNDERLYING CONDITION tost. H 20.1	(c)	A CONSEQUENCE OF A	ROTIC SCULAR DIS	
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A). DISEASE OF OPERATION 198. CONDITION FOR WAS PERFORMED	NAL	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
		No		
_ OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Boltimare City, g	(ive exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work	21 F. HOW DID I	NJURY OCCUR?	
22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive of	4110 -		that in my) (aur) apinian de	R. 1968 eath occurred an the day
and haur and fram the causes stated abave	e (1) (We) (did) (did nat)	view the bady after deat		
23A, SIGNATURE	Atte Phy	ending Med.		MARIO 15, 190
23C. PHYSICIAN'S NAME (Type) OHA 5. BR		972 S,		BALTIMA ZIZZ
24A. 8URIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRI		, ,	or founty) (Stote)
BURIAL 3-1468 (CARVER MEN	1. 1. 1. 1. 1.	LAUREL. M	ADDRESS ST
25A. DATE RECEPTLY HEALTH DERT. (258, NAM	E. William	I.L BROW	10 50N 123W.	TOWTE OMER/

VS 150-REV. 1/1/68



68- 2972 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEG NO 68- 2972

BIB	TH NO.								REG. NO.			
1. 1	NAME OF DEC	CEASED				2. DATE	Known	Month	Doy	Year	Hour	
(Тур	DAV ID		L.		BENNETT	OF DEATH	Estimoted 😾	March	14, 19	68	UNK	М.
14.		TIMORE, MA	ARYLAND, W	HERE PRO	NOUNCED DEAD	3. DATE	AL.	Month	Doy	Yeor	Hour	
	L NAME OF				TUTION, GIVE STREET	PRONOL	INCED DEAD	Manah	15 106	0	11.45	D
HO!	SPITAL		ESS OR LOCA			c UCHAL DI	ESIDENCE (Where		15, 196		11:45	
	1113111011011					A. STATE	ESIDEIACE (Milere		B. COUNTY	. residence	Delote odilitiss	iony
M	Empty 1	ot at 4	02-404	E. 21	st. Street	Mary	land	- /		2000	The state of the s	
	SEX	7. RACE		B. MARRIE	D NEVER MARRIED	C. CITY OR	TOWN		D. WSIDE CI	LY LIMITS?	7	
1 ,	male	neg	ro	WIDOWI	DIVORCED	Ba1t	imore		O VE	s X	NO 🕖	
	DATE OF BIRT		10. AGE (In		If Under 1 Yr. If Under 24 Hrs.	1	ND NUMBER		10	J Las	THE PERSON NAMED IN	-
			lost birthdo		Months Doys Hours Min.							
	ct 4,		38		i i i	13. FATHER	9 E. Bid	iate S	treet			
111.	BIRTHPLACE (Stote or toreig	gn country)	ľ	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	5 NAME					
	Maryla	and				Alb	ert Benn	ett				
144	USUAL OCCL	PATION (Giv	e kind of work	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA!	ME				
	e during most of	working life, ev	en irrefired)			Tara	Ponles					
	BOPER WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	IB. INFORM	v Parks		AI	DDRESS		
(Yes	s, no or unknown	(if yes, give	wor or dotes	of service)	SECURITY NO.			4				
	No				214-26-09		y Bennet	t 171	9 E. E	idal	PPROXIMATE IN	TERVAL
	19. 345	5,91			CAUSE OF DEA	TH					WEEN ONSET AN	
	DISEAS	E OR CONE	DITION DIRE	CTLY	Death	During	Epileptic	Seizu	re			
	- 100711	LEADING TO			(A)IMMEDIATE	_	притерете	DOLLA				
	(This does i	not meon the	mode of dy	ing, e.g.,		AS A CONSEQ	UENCE OF:					1000 to 000
	injury or co	e, osthenio, etc mplication whi	c. It meons the ich coused de	oth.)								
		NTECEDENT			(B)DUE TO, OR	AS A CONST	OUTNET OF					
	DISEASES RISE TO TH	OR CONDITI	USE (A) STA	Y, GIVING TING THE	DUE 10, OK	AS A CONSE	QUENCE OF:					
1	UNDERLYI	NG CONDIT	TON LAST.		(c)							
CERTIFICATION		-5	11									
1	OTHER SIGI	NIFICANT CO	NDITIONS C	ONTRIBUTI	NG							
	TO THE DE	ATH BUT NO			NAL	~~~~~~~						
	20A DATE O				OR WHICH OPERATION W	AS PERFORM	NED			21. AUTO	OPSY? (Yes or	r No)
18	A DAIL O	OLEKANO	14 200. CO	TI TI TI TI	OK WINCH OF EXAMON W	AS TERTORI						
-	0										Ze s	
II ŏ		NAL CAUSE		2	2B. PLACE OF INJURY (e.g., nome, form, foctory, street, olli	, in or obout 2 ce blda etc.)	NJURY OCCUR?	(If in Boltimor	e City, give exc	oct locotion)		
1	UNDERLYING				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
ĮΣ	22D. TIME		Doy) (Yeo	r) (Hour	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCL	JR?			
	OF INJURY (APPROX.)					T WHILE						
	23.				m. WORK AT	WORK L						
		tify that I h	ald an I	nouiry [Inspection A	stapsy X	and that an t	his basis.	death in my	gninion		
									200			
	resu	Ited fram: 1	Natural cau	ses A	Accident Suici				ned manner (
		1		/			CHIEF MEDICAL I				DATE SIGN	IED
	SIGNAT		me 1	1.	NA (M.	D ASSI	STANT MEDICAL	EXAMINER	X			
	EXAMIN	ICDIC		- (CIATE MEDICAL I	EXAMINER			3/16/	68
	NAME (IAL C	rner U	. Spid	tz, M.D.	7000						
	A. BURIAL CRE	MATION,	24B. DATE		24C. NAME of CEMETERY	ar CREMATO	DRY 24D.	LOCATION	(City, town	n, or county	(Stol	e)
RE	MOVAL (Spec	ify)	7/00	100								
	Burial		3/20/		Mt Auburn			ilto.,				
25	A. DATE REC'E	BY HEALTH	DEPT.	258. NA	AME OF REGISTRAR	25 C.	FUNERAL DIRECT	OR	A	DDRESS		
	36A	13 %	168 OR	ando	E Farmenton	W	m C Marc	h 92	8 E. N	orth	Ave.	



a hospital and

	00 0070	BALTIMORE CITY	HEALTH DEPARTMENT		0000
4	68- 2973	CERTIFICA	TE OF DEATH	REG. NO	68-2973
	RTH NO.	CERTIFICA			
	Pe or Print	/		ND HOUR OF DEATH	0.100
	tred baker.	ayette L	atayette 3	15/68	2 20 AM.
3.	PLACE IN SALTIMORE, MARYLAND, WHERE PROYOUN	CED DEAD	A. STATE B. COUN	NTY	stitution: residence before admission)
E	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	ON GIVE STREET	Marylan	1	K -11
II H	OSPITAL OR ADDRESS OR LOCATION)	ort sincer	C. CITY OR TOWN		DE CITY LIMITS?
			Baltimor	~e	YES NO NO
14	2 SINAI HOSPITAL		E. STREET AND NUMBER		A CONTRACTOR OF THE PARTY OF TH
11/			3808 Pa	ork Heigh	hts Ave.
5.	SEX 6. RACE 7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	I K Haday 24 Has
	M C WIDOWED	DIVORCED	3/15/97	lost birthdoy)	Months Doys Hours Min.
10	A USUAL OCCUPATION (Give kind of work 108, KIND OF bu		11. BIRTHPLA CE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
do	ne during most of working life, even if retired)	iem Steel	Museum		
	POBULCE	em sicci	Virginia		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Willie Baker		Mary Bar	-Tee	
15 (Y	Wos Deceosed Ever in U. S. Armed Forces?	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		26-24-965	Mary L. Bai	Ker 3808	3 Park Hats Ave
1	11B. / / A. K. I	CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	A SHAMEDIATE CAL	I some and of 30	Judan3	agul-
	(This does not meon the mode of dying, e.g.,	DUE TO, OR AS	SE Pulmonos a A CONSEQUENCE OF:	7 -111000 000	
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)				
	ANTECEDENT CAUSES	V+.	O Cilouili.		& month.
	DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Sucos	
	rise to the obove couse (A) stoting the			700-	to 4. D
	UNDERLYING CONDITION Iosi.	(c) Car	opopmois	Charles	Junu 11/2
	433,/ 11			9	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(catro)	nstesimal ble	same, by	9 dans
I V	DISEASE OR CONDITION GIVEN IN PART 1 (A).				
1 2	19A. DATE OF OPERATION 19B. CONDITION FOR WH		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	INDINGS CONSIDERED
COTICI	2-21-67 Percendial.	effersever + 1	DX.		
1	OR CONTRIBUTING I I CAUSE OF Thomas	form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
1	DEATH (notify medical examiner) WA elc.)	NA	NA		
AAEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
V	(APPROX.) While Work	AI N-Pot While	AN D.		
	22. I certify that (\(\mathbb{L}\)(this hospital) attended the			300	3/15 1908.
		- 1 · · ·		10	1
	that (1) (See) lost sow the deceased alive on	/			nion death occurred on the date
	ond hour and from the causes stated above. (1) (Wel (did) (did not) v	iew the body ofter death.		
15	23A. SIGNATURE		4		23B. DATE SIGNED
	South mark land	Atte Phy	nding Med. Director	Shaff Phys.	3115168

24C, NAME of CEMETERY or CREMATORY 68

24D. LOCATION

(City, town, or county)

TSB. MAME OF REGISTRARY

23D. ADDRESS

Farm Ville,

Va. ADDRESS

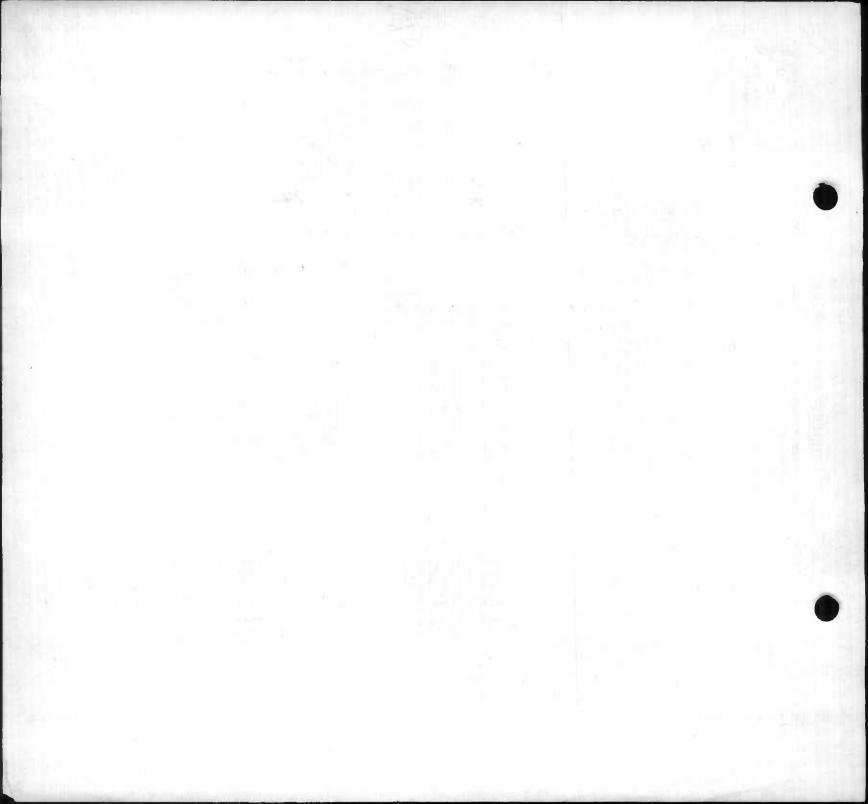
VS 150-REV. 1/1/68

928 E North Ave

23C. NHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify)

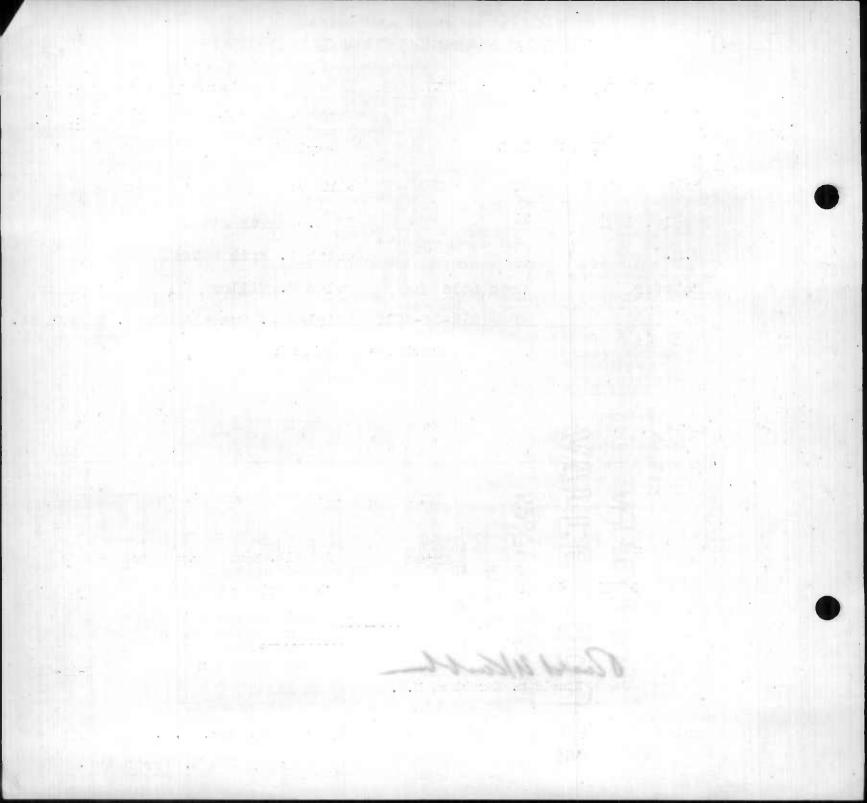
24B. DATE



68- 2974 BALTIMORE CITY HEALTH DEPARTMENT

				63
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	6

BIRTH NO.		MEDIC		AMINER'S			DEATH	REG. NO	68-	2974
NAME OF DEC	EMUEL	C.	R	USSELL	2. DATE OF DEATH	Knawn Estimated	March March	Doy 15, 1	Year .968	10:30 A.M.
ULL NAME OF	(IF NOT II	LAND, WHER N HOSPITAL OR OR LOCATION	INSTITUTION			INCED DEAD	Month March			10:30 A .M.
33	HOPKIN	NS HOSPI	TAL			SIDENCE (Where		finstitution:	residence	belore admission)
S. SEX	7. RACE	B. M	ARRIED -	NEVER MARRIED	C. CITY OR	TOWN	D.	INSIDE LIT	Y LIMUS2	
Male	Negro		DOWED _	DIVORCED -		imore		YES	s 🖈 🐭	NO
May 10,	1941			er 1 Yr, If Under 24 Hrs. Days Hours Min.		N. Dunc	an Stre	et		
1. BIRTHPLACE (S			WH	IZEN OF AT COUNTRY?	13. FATHER	SNAME				
N • C • 4A.USUAL OCCUI ane during most of w	PATION (Give ki	nd af wark 14B. if retired)	(IND OF BU	ISINESS OR INDUSTRY	JOSE	P. R	with Rus	sell		
Labore 6. WAS DECEASE Yes, no ar unknown)	P EVER IN U.	S. ARMED FO	RCES?	7. SOCIAL SECURITY NO.	He.	Len B. M	iller	AD	DRESS	
No. 19.	/ 1 X	or duses or ser		212-36-521 CAUSE OF DEA		rley J.	Russel	1 913	Al	Duncan St
(This daes no heart foilure, injury or com DISEASES CRISE TO THE UNDERLYIN	E OR CÓNDITII LEADING TO D To me on the many asthenia, etc. It optication which of the many and the many an	DEATH ode of dying, of means the disecused death.) AUSES NS, IF ANY, GIVE (A) STATING N LAST.	ase, /ING THE	(A) IMMEDIATE CONTROL OF A CONT	CAUSE AS A CONSEQ	UENCE OF:				
TO THE DEA	TH BUT NOT RE	VEN IN PART I	TERMINAL (A).						lo: Ause	
DATE OF	OPERATION	ZUB. CONDIII	ON FOR W	HICH OPERATION W	AS PERFORM	ED			ZI. AUIC	Yes ar Na)
UNDERLYING UTING CA 22D. TIME (OF INJURY (APPROX.)	NAL CAUSE WANTED TO THE CONTRUSE OF DEATH Manth) (Doy 3 15	IB- I. ') (Year)	hame, f		e bldg., etc.)	2C. WHERE DID NJURY OCCUR? 900 Blk. 1 2F. HOWDID IN Shot duri	North Du	ncan S		7.03
	ER'S	ourol couses	1/Cu	Inspection Au Ident Suicid	ASSI	50	EXAMINER X		oplnion	DATE SIGNED 3-15-68
24A. BURIAL CREA REMOVAL (Specif	AATION, 24B	DATÉ		NAME of CEMETERY	or CREMATO	PRY 24D.	LOCATION	(City, tawn,	or county) (State)
Burial 25A. DATE REC'D		3/19/68		reenhill C	emete:	TUNERAL DIRECTO	yboro,	N.C.	DDRESS	
	AI TO I	000 46	KIND 4	L, double, and	Wr	n C Marc	h 928 E	. Noi	rth A	ve.



68- 2975 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1	68- 2975 BALTIMORE CITY HEALTH DEPARTMENT 68- 2975
R-	362	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.
V		BIRTH NO.
		1. NAME OF DECEASED (Type or Print) ALBERT G. PETERS 2. DATE Month Day Yeor Hour OF DEATH Estimoted March 15, 1968 10:35 A.M.
	17.	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) PRONOUNCED DEAD March 15, 1968 10:35 A
	43	SOUTH BALTIMORE GENERAL (DOA) 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
	00	
	77	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?
	1	Male White WIDOWED □ DIVORCED □ Baltimore YES 🗷 NO □
		9. DATE OF BIRTH 1/10/1904 10. AGE (In years Hours Yr. If Under 24 Hrs. E. STREET AND NUMBER Hours Min. 6517 Sefton Ave.
		11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME
		Maryland WHAT GOWNIRY? Nichelas Peters
		14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
		done during most of working life, even if retired)
		Machinist Paper Bag Co. Elizabeth Huber 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS
		(Yes, no or unknown) (If yes, give war ar dates of service) 216-07-7998 Cletilda Peters Same
		19. APPROXIMATE INTERVAL
		BETWEEN ONSET AND DEATH
		DISEASE OF CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease
		(A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DILET O, OR AS A CONSEQUENCE OF:
		heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)
		ANTECEDENT CAUSES (R)
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
		UNDERLYING CONDITION LAST. (C)
		O
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
		20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
		Yes
		Z2À. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or about 22C. WHERE DID (If in Baltimare City, give exact location) UNDERLYING OR CONTRIB- OR
		22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?
		(APPROX.) m. WHILE AT MORK AT WORK
		23.
		I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death In my apinion
		resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner
		ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
		SIGNATURE WOOD VI CHUNCH ASSISIANI MEDICAL EXAMINER ES
		EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 3-15-68
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
		REMOVAL (Specify)
		Burial 3/18/68 New Cathedral Com Balto Md. 25A. DATE REC'D BY HEAUH DEPL 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
		MAR 18 1968 Rout E. Falley Leonard J. Ruck Inc. Balte. Md.

1067/52/2 . WY TO THE THE Brasini Balochii green No. 115mneta mixes east may of abilition Peer-Tu-815

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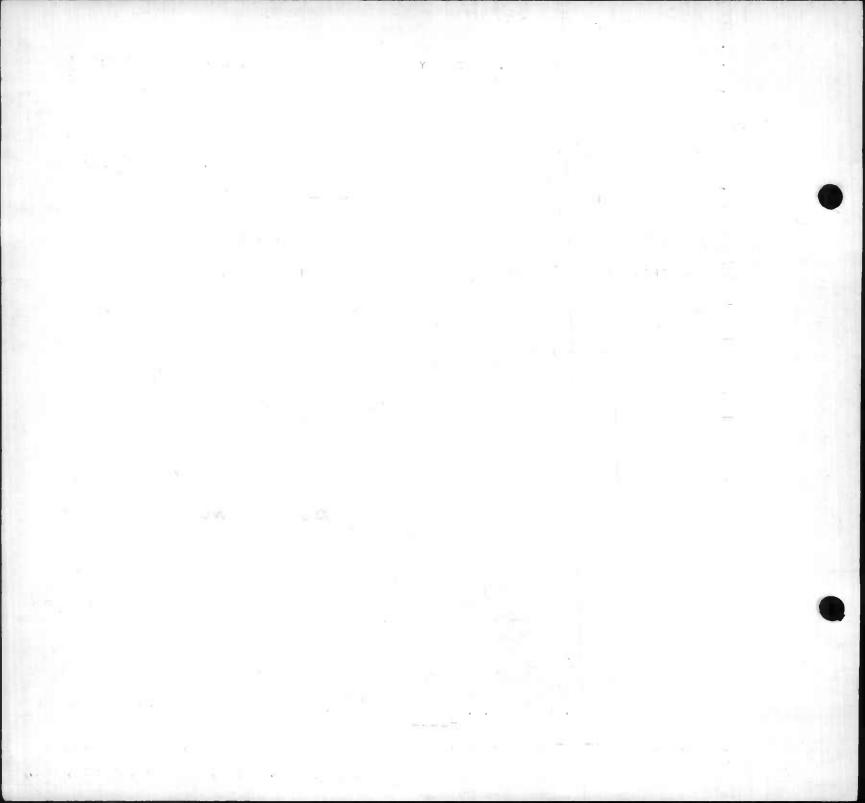
to death.

68- 1	סמיס	Y HEALTH DEPARTMENT REG. NO. 1	68- 2976
1. NAME OF DECEASED	PAL F. MATHENY	2. DATE AND HOUR OF DEATH 3-14-68	8:30 A
3. PLACE IN BALTIMORE, MARYLAND,	ITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institu A, STATE 8. COUNTY MARYLAND	tion: residence before admission)
HOSPITAL OR ADDRESS OR LO		D 4 1 = 1440 D FF	CITY LIMITS?
THE JOHNS HOPKII	NS HOSPITAL	826 UNION AVE. 2	1211
5. SEX 6. RACE FEMALE WHITE	7- MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 11–13–13	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min,
		11. 8IRTHPLACE (Stote or foreign country) 11: West Virginia	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ARDER	14. MOTHER'S MAIDEN NAME	U.S. I
TS. Was Deceased Ever in U. S. Armed F (Yes, no or unknown) (If yes, give wor or do	orces? 16. SOCIAL	BESSIE DARNOLD	ADDRESS
18. DISEASE OR CONDITION I	1 (1)	James Matheny Hocardial Infanction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes
(This does not mean the mode heart failure, asthenio, etc. It mean injury or complication which cause	af dying, e.g., (A)IMMEDIATE CAL DUE TO, OR AS Due TO, OR AS Due TO, OR AS	JSE A CONSEQUENCE OF:	
ANTECEDENT CAUS) sloling the	ronary artery Disease	Six months
UNDERLYING CONDITION IOSI. # 2 0 II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PROBLEM OF CONDITION GIVEN IN PROBLEM OF CONDITION GIVEN IN PROBLEM CONDITION IOSI.	THE TERMINAL 345 CM	ic Lupus Erythematosu	is 20 years
19A. DATE OF OPERATION 19B. CO		20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE!	OINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21C. WHERE DID (If in Saltimore Ci ffice bldg., INJURY OCCUR?	ty, give exact lacation)
21 D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	Not While At At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this haspit	al) attended the deceosed from	19 49 to	1968.

and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Staff Phys. 3-14-68 Med. Director 23C. PHYS CIAN'S NAME (Type) 23D. ADDRESS Road 331 Baltimore, Maryland 24A. BURIAL CREMATION, REMOVAL (Specify)

8 Good Hope Methodist Good Hope, West Virginia
258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
Veonard J. Ruck, Inc Baltimore, Md.

25A. DATE REC'D MAR 18 1968 25 V\$ 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

Such hospital and use of death Deceased LO death. ance use; (5) cause attend 0 Ë prior contributing occurred determined made. regular deceased death disposition Was the (4) death uo final attendance any pronounced or embalmed of fracture 9 regul who are physician remains chief medical physician the 0 before the (2) where hospital °Z nature; obtained 9 approved (except and to the any be of death) hospital must accident 0 approval 0 certificate prior to was D.O.A. eceased the body written shows: 0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6 3. PLACE IN BALTIMORE MARYLAND. WHERE PRONOUNCED DEAD USUAL B. COUNTY HE NOT IN HOSPITAL OR INSTITUTION GIVE STREET FULL NAME OF ADDRESS OR LOCATION C. CITY D. INSIDE CITY LIMITS IN STITUTION YES T NO F. STREET 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. foreign cou 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. Wos Deceased Ever in U. S. Armed Forces?
(Yes, no or unkgoun) (If yes, give wor or dates of service) ADDRESS 6. SOCIAL SEQUEIT APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, the above couse (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exect lacotion) DEATH (notify medical examiner) etc. MEDIC 21E. INJURY OCCURRED 21 D. TIME (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1)((this haspital) attended the deceased from that (1) (we) Jast saw the deceased alive an and that in (my) (aur) opinion death accurred an the date and haur and fram the causes stated abave ((did) (did nat) view the bady after death. 23A. SIGNATUR 23B, DATE SIGNED Attending Med Phys. Director 23 C. PHYSICIAN 23D. ADDRESS MAME (Im BURIAL CREMATION, 24B, DATE REMOVAL (Specify) 3-19-68 Parkwood Parkville
2SC. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH 258. NAME OF REGISTRAR H.W. Jenkins & Sons Co. 4905 York Rd. VS 150-REV. 1/1/6B

Frederick Mieller Posen Eccles Hulma (8) = 1 Harristen The DE BRUE-1/8 3 The state of the s

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

,/	1 1		BALTIMORE CIT	Y HEALTH DEF	PARTMENT		68- 2978	
BIRTH I	-456 NO.	68- 2	978 CERTIFICA	ATE OF I	DEATH	REG. NO	00 2010	
(Туре о	GEORGE	F. HAL	LAMEYER)	MAR	H 16,19	68 2:45	P.M.
	CE IN BALTIMORE, MARY		ONOUNCED DEAD	A. STATE	B. COUNT	deceased lived. If in	nstitution: residence before adm	200
HOSPIT	TAL OR ADDRESS	OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TO	OWN	D. INS	IDE CITY LIMITS?	
CH	turch He	ME + H	OSPITAL	E. STREET AI	ND NUMBER	<u> </u>	YES NO	
3:				431		2AB/A	AUG. (14)	
S. SEX	1 6. RACE	WIDO		B. DATE OF B	16,1884	AGE (In years	If Under 1 Yr. If Under 2 Months Doys Hours	Min.
	UAL OCCUPATION (Give ring most of working life, ever		D OF BUSINESS OR INDUST	BALL BIRTHPLA	CE (State or foreign	5 KINE	12. CITIZEN OF WHAT CO	JNTRY?
	TIRED - SAL	ESMAN	LUCAS BRO.		ARYL S MAIDEN NAM	AND	USA	
130 1 A1	FRANK ,	HALLAL	MEYER	M	ARU	NOHME	FYER	
(Yes, no	Deceased Ever in U. S. arunknawn) (If yes, give	Armed Farces? war ar dotes of serv	SECURITY NO.	17. INFORMA	NT		ADDRESS (SA	ME)
MA	KHOWH NO		2160735		S. PEAR	LL HALL	-AMEYER	
18.	4/29		CAUSE OF DEA	ITH CI ISDA	DTIC H	GART DIS	APPROXIMATE INTE	
	DISEASE OR/CONDI		AKIER	AUST 11 A	NEMIA	GIALI DIS	GARE	
he	LEADING TO DEATH (This does not meen the mode of dying, e.g., heert foilure, osthenio, etc. It meens the disease,							
ini	ury or complication which ANTECEDENT							
DI	SEASES OR CONDITION		ving (B)	AS A CONSEQUE	NCE OF:			
	e to the obove co		the (C)					
4	20.0 11		()					
¥ TO	HER SIGNIFICANT CONDIT THE DEATH BUT NOT REI	LATED TO THE TERMI						
	LEASE OR CONDITION GIV	198. CONDITION I	FOR WHICH OPERATION	20A. AUIC	PSY? (Yes or No)		FINDINGS CONSIDERED	
ERTIFIC		WAS PERFORMED		Th	40	IN CERTIFYING CA		
U 21/	A. ACCIDENT WAS UND CONTRIBUTING CAUSATH (notify medical examination)	ERLYING [] SE OF iner)	21B. PLACE OF INJURY (e.g hame, farm, factory, street, etc.)	, in or about 21 C. office bidg., INJU	WHERE DID JRY OCCUR?	(If In Boltimo	re City, give exact location)	
0 211	INJURY (Month) (Do	y) (Yeor) (Haur)	21E, INJURY OCCURRED		HOW DID INJU	RY OCCUR?		
(A	PPROX.)		While At Wark Not W	rk 📙				
1 1			led the deceased from	3/12			3//6 196	
	it (N) (we) last sow the		1 /4	19 6		t in (myc) (our) op	inion deoth accurred on th	e dote
	A SIGNATURE	uses stated obov	ve. (1) (We) (did) (did not)	view the body	offer death.		23B. DATE SIGNED	
	9	Lux	OEGREE A	ttending hys.	Med. Director P	hys.	3/16/68	
230	NAME (Type)	جرد ا ل	SUAREZ M.	23D. ADDRESS Chi	uch b	love >	L Hoops	
	URIAL CREMATION, 24B.	DATE 24	C. NAME of CEMETERY OF	REMATORY	24D. LO	CATION (C	City, tawn, or county) (S	tote)
Be	vrial 3,	120/68	Parkwood			ville, Bali	to. Co. Md.	
2SA. D	MAR 18 1968	125B. NA	ME OF REGISTRAR	H. W.	Jenkins	& Sons Co.	4905 York Road Baltimore, Md. 1	21010
VS 150	-REV. 1/1/68						outsemente, Ma.	1212

FRANK HALLAMETER MARY NOLLMETER FOR MARKET DISERSE

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2 44 2	BALTIMORE CITY	HEALTH DEPARTMENT		CO 2020
C-160 68-297	S CERTIFICA	TE OF DEATH	REG. NO.	68- 2979
BIRTH NO. 1, NAME OF TECEASED			D HOUR OF DEATH	
(Type or Part) Opper, 3 ftg	В.	3//	7/68	5 a
3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (When	e deceased tived. If in TY	stitution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	MARYLAND		01-15
BALTIMORE CITY HOSPI	TATS	C. CITY OR TOWN BALTIMORE	D. INSI	YES NO
3/ 4940 EASTERN AVENUE	LAM	E. STREET AND NUMBER		AE2 MO
BALTIMORE, MARYLAND	21224	5008 ORVILLE AVENUE - 21205		
	X NEVER MARRIED	8. DATE OF BIRTH 8/1/9	7. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months, Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired) Housewife		NORTH CAROLINA	A	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
William Beam		HARRIET Benn	900	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dotes of service)	16. SOCIAL SECURIEY NO. 415-05-9497A			re City Hospitals
N•	415-05-949/A	4940 Eastern A	venue, Balt:	imore, Md. 21224
heart foilure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(B)	A CONSEQUENCE OF:	B01/3N	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1794. DATE OF OPERATION 1198. CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20R IF YES WERE	FINDINGS CONSIDERED
WAS PERFORMED	WHICH OFERATION	NO	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	e, torm, toctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimor	re City, give exact locotion)
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. Wh. (APPROX.)			URY OCCUR?	1-1-4
22. I certify that 1) this hospital) attended to that 10 (re) last sow the deceased alive on and hour and fram the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ROBERT N. HILL	Die) did (did not)	iew the body after death.	Shoff X Phys. X re City Hos	
	DEGREE			ity, town, or county) (Stote)
REMOVAL (Specify)	dans Of Fast		3.6	mrl and

VS 150-REV. 1/1/68

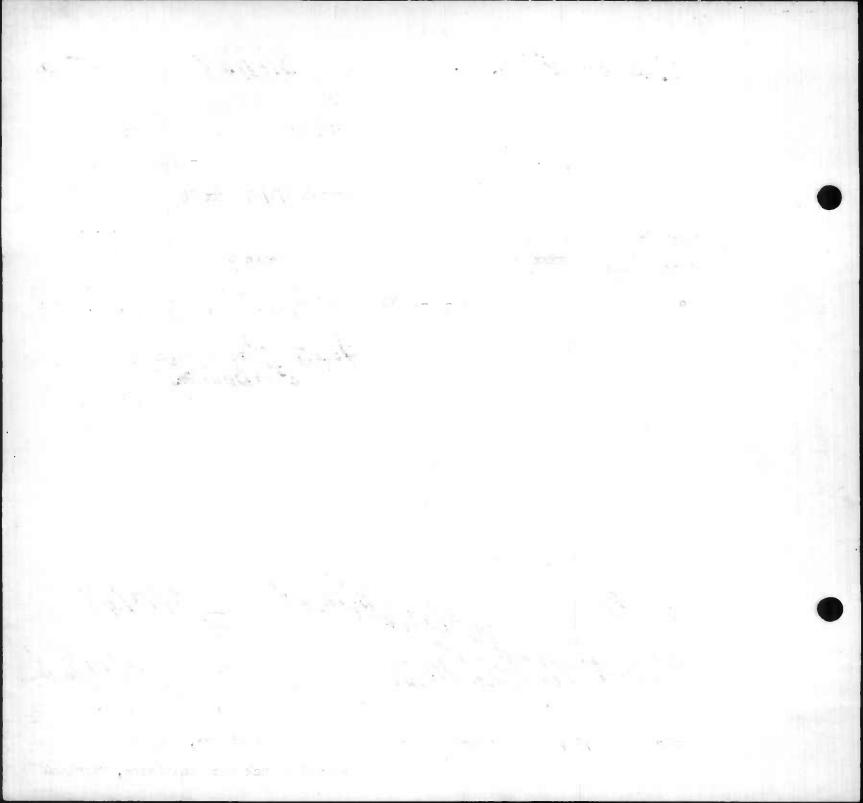
25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR
Leonard J Ruck Inc

258. NAME OF REGISTRAR

Baltimore,

ADDRESS Maryland



FUNERAL DIRECTOR: IMPORTANT

		- 2981	CERTIFICA	TE OF DEATH	REG. NO.
	AME OF DECEASED oe or Print) VILLIS	L BE	ALL	2. DATE AND H	OUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			UNCED DEAD	4. USUAL RESIDENCE (Where dec	ceased lived, if institution; residence before o
FUI	LL NAME OF (IF NOT IN HOSP	TAL OR INSTITU	UTION, GIVE STREET	MD.	1) 1-
INS	LL NAME OF SPITAL OR ADDRESS OR LOG University Hospital			Baltimore	D. INSIDE CITY LIMITS?
-	Mo.	HOSP.			YES X NO NO
3	8			1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
5. S	EX 6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 7/4/78 9. AG lost 1	GE (In years If Under 1 Yr. If Under birthdoy) Months Doys Hours
	USUAL OCCUPATION (Give kind of we	ork 108, XIND OF		11. BIRTHPLACE (Stole or foreign co	ountry) 12. CITIZEN OF WHAT C
	e during most of working life, even if retired)	-	West Virginia	TI CULS
	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	0.5.4.
	William W Dania				SOCIODO DO
15. V	William W Beall Wos Deceosed Ever in U. S. Armed F	orces?	16. SOCIAL	17. INFORMANICA Tingle	ADDRESS
(Yes	s, no or unknown) (If yes, give wor or do	otes of service)	SECURITY NO.	62	ll Marietta Ave
	N⊕ 18. / ⊘		217-03-5692 CAUSE OF DEAT	Mr Fred Beall 03	APPROXIMATE IN
	injury or complication which couse ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A UNDERLYING CONDITION tost.) OTHER SIGNIFICANT CONDITIONS C	any, giving J sloting lhe	(c)	A CONSEQUENCE OF: H NT MYOCARDIAL	
0		ART 1 (A).			
CATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19A. DATE OF OPERATION 19B. CO	NDITION FOR Y	WHICH OPERATION	20 A. AUTOPSY? No 20	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
L CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. COWAS PER 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	ERFORMED 21 B	PLACE OF INJURY (e.g., ine. form, foctory, street, o	20 A. AUTOPSY? 20 IN in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
CAL CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PER OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218 hometc.	PLACE OF INJURY (e.g., ine, form, foctory, street, of	in or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimore City, give exact location)
DICAL CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PI	218 hometc.	PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile A1 Not While	in or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimore City, give exact location)
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D.TIME (Month) (Day) (Year OF INJURY (APPROX.)	21 B hom etc.	PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ile At Not While At Work	in or obout 21C. WHERE DID INJURY OCCUR?	(If In BoltImore City, give exact location) OCCUR?
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PER CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Yeo OF INJURY (APPROX.) 22. I certify that (I) (this haspit	21 B horn etc. i) (Hour) 21 E. Wh	PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED ille At	21F. HOW DID INJURY	(If In Boltimore City, give exact location) OCCUR?
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MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decea	218 hornetc. i) (Hour) 21E. Whom wo	PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory, street,	21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 19 and that in release the bady after death.	(If In Boltimore City, give exact location) OCCUR? 19 (aur) apinian death accurred an
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decea and haur and fram the causes st	218 hornetc. i) (Hour) 21E. Whom wo	PLACE OF INJURY (e.g., ine, form, foctory, street, of the form, foctory, street, of the form, foctory, street, of the foctory,	21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 19 and that in release the bady after death.	(If In Boltimore City, give exact location) OCCUR? 19 (aur) apinian death accurred an
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PEOPLE OF THE PROPERTY OF	218 hornetc. i) (Hour) 21E. Who wo at), attended t seed alive an	PLACE OF INJURY (e.g., ine, form, foctory, street, of the form, foctory, street, of the foctory, stree	21F. HOW DID INJURY 21F. HOW DID INJURY	(If In Boltimore City, give exact location) OCCUR? 19 (aur) apinian death accurred an
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PERSON OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decea and haur and fram the causes standard and f	at) attended t seed alive an	PLACE OF INJURY (e.g., ine, form, foctory, street, of the form, foctory, street, of the foctory, stree	21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 19 and that in which the bady after death. 23D. ADDRESS	(If In Boltimore City, give exact location) OCCUR? 19 1(my) (aur) apinian death accurred an 238. DATE SIGNED 3//7//8
MEDICAL CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. DATE OF OPERATION 19B. CO WAS PEDATH (Notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.) 22. I certify that (I) (this haspit that (I) (we) last saw the decea and haur and fram the causes st 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	attended abave	PLACE OF INJURY (e.g., in the form, foctory, street, of the foctory, street, street, of the foctory, street,	21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 19 and that in view the bady after death. 23D. ADDRESS EMATORY 24D. LOCA	(If In Boltimore City, give exact location) OCCUR? 19 1(my) (aur) apinian death accurred an 238. DATE SIGNED 3//7//8

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approved by the chief medical examiner or his assistant if death occurred in a hospital and of the hospital by a medical examiner. Also, if the direct or contributing cause of death is any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the j; and (6) No physician was in regular attendance on the eobtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be
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R-500 60-2002		HEALTH DEPARTMENT		60- 2982
00 200	CERTIFICA	TE OF DEATH	REG. NO	
BIRTH NO.			D HOUR OF DEATH	
Type or Printl Catherine H Ryan				10.45 P.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where	deceased tived. If ins	titution: residence before admission
		A. STATE B. COUNT	Υ	nat
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	C. CITY OR TOWN	ID INISIT	E CITY LIMITS
NSTITUTION		Baltimore	U. IIVSIC	YES NO
77		E. STREET AND NUMBER		TESTE NO.
Gould Convalesarium		2002 Foot Cold	Comdon Tour	
	NEVER MARRIED	B. DATE OF BIRTH	, AGE (In years	If Under 1 Yr., If Under 24 Hr
Female White WIDOWED	DIVORCED		ost birthday)	Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS		July 24,1888	n country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired) Housewife		M		
		"aryland		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	
John VenDouren		Mary	?	
	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Mrs George J He	ock 5356 Pa	rmine Plan
No. 18.44 / 0 9	CAUSE OF DEATH		7,7,70 10	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY			<i>/</i> 1	BETWEEN ONSET AND DEA
LEADING TO DEATH		Cerebral Vascuia	Thrombosos	13 days
(This does not mean the mode of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease,	artin	Salensis cardin	- Vaculas Di	seare Unknow,
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	00L 10, 0 k A	A CONSEQUENCE OF		
UNDERLYING CONDITION lost.				
72211 II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
▼ [DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	CH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
WAS PERFORMED		1 1010		
OR CONTRIBUTING CAUSE OF home, for		n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimare	City, give exact location)
DEATH (notify medical examiner) etc.)				
M OF IN HIDY	URY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While A	Not While			
22. I certify that (I) (this hospital) attended the d			967 in mar	1. 17 10 10
LZ. Certity fnot (I) (TRLS::: NOS-PHO-) Offended the d			10	h 17 19 6 8
	de and 17	10 -		
that (I) (lost sow the deceased alive on	arch 17	19 68 and the	tin(my) (🗝 🖰 opin	ion death occurred on the do
	/		ntin(my) (⊘e#P)opin	ion death occurred on the do
that (1) (see) lost sow the deceased alive on.	(did) (did not) v	iew the body ofter deoth.	it in (my) (out) opin	23B. DATE SIGNED
ond hour ond from the couses stoted obove. (I) (W	(did) (did not) v	iew the body ofter deoth.	Shaff	
ond hour ond from the couses stoted obove. (1) (#) 23A. SIGNATURE Thelibert Artigian	(did) (did not) v	iew the body ofter deoth.	Shaff	238, DATE SIGNED
ond hour ond from the couses stoted obove. (1) (#6 23A. SIGNATURE Thelibert Artigian	(did) (did not) v	Med. Director	Shaff Dhys.	
that (I) (me) lost sow the deceased alive on mond hour and from the couses stated above. (I) (We) 23A. SIGNATURE The libert artigians NAME (Type) Philibert Artigiani Me	O DEGREE	nding Med. Director 2305 Mayfield	Shaff Dhys.	3/18/68
that (I) (me) lost sow the deceased alive on ond hour and from the couses stated above. (I) (We) 23A. SIGNATURE ALLEGAT 23C. PHYSICIAN'S NAME (Type) Philibert Artigiani 4A. BURIAL CREMATION, 24B. DATE 24C. NAME	(did) (did not) v	Med. Director 23D. ADDRESS 2305 Mayfield A MATORY	Shaff Phys. IVe CATION (City	23B. DATE SIGNED 3/18/68
thot (I) (we) lost sow the deceosed alive on ond hour ond from the couses stoted obove. (I) (we) 23A. SIGNATURE ALLIGUET ARTIGIANS NAME (Type) Philibert Artigiani M 4A. BURIAL CREMATION, REMOVAL (Specify) Burial 24C. NAME 24C. NAME 3 /21/68 New	DEGREE OF CEMETERY OF CRE	Med. Director 2305 Mayfield MATORY Divertor 24D. LC Ba	Shaff Dhys.	23B. DATE SIGNED 3/18/68 7. town, or county) (Stote)
that (I) (me) lost sow the deceased alive on ond hour and from the couses stated above. (I) (We) 23A. SIGNATURE Therefore the couses stated above. (I) (We) 23C. PHYSICIAN'S NAME (Type) Philibert Artigiani Me 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME 24C. NAME	DEGREE Of CEMETERY of CRE Cathedral	Med. Director 23D. ADDRESS 2305 Mayfield A MATORY	No CATION (City Ma	23B. DATE SIGNED 3/18/68

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the body was released

written

F-6:	52- 68	_ 298	BALTIMORE CITY CERTIFICA	HEALTH DE	PARTMENT	REG. NO.	68	2983
BIRTH NO. 1. NAME OF DE (Type or Print)				IE OF	2. DATE AND	HOUR OF DEATH	1	830
3. PLACE IN BA	ALTIMORE, MARYLAND, W			A. STATE		deceased lived. If in	nstitution; reside	ence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR I	OWN	D. INS	IDE CITY LIMITS	S No []
00	3411 CROSSLA	ND AVENU	ŰE.	E. STREET A	ND NUMBER	411 CROSSI		
FEMALE	6. RACE WHI TE	7- MARRIED	NEVER MARRIED DIVORCED	SEPT. 2		AGE (In years st birthday) 56	If Under 1 1 Months Doy	fr. If Under 24 Hrs. Hours Min.
	CUPATION (Give kind of work With working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY		CE (Stote or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
3. FATHER'S N	JOHN W.	WI TTEKI	NDT	14. MOTHER	S MAIDEN NAM	WILHEMINA	H. KAT	r
5. Was Decease Yes, no Winknow	ed Ever in U. S. Armed For vn) (If yes, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO. 216-52-7324	MR. RA	LPH H. FR	ANCE		ME)
rise to I	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) NG CONDITION last.	any, giving	(B)	A CONSEQUE	NCE OF:			
TO THE DE	II INFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PARTICULAR CONDITION C	HE TERMINAL						
19A. DATE C	OF OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUT	OPSY? (Yes or No)	20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
, OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF		PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21 C ffice bldg., INJ	. WHERE DID URY OCCUR?	(If in Boltimo	re City, give ex	act location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		. INJURY OCCURRED iile At	e 🗖	HOW DID INJU	RY OCCUR?	201	1 10
that (t) (22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and hayr and from the causes stated above. (I) (We) (did) (did not) vi						MOYCA Inian death o	ccurred an the dat
23A. SIGNAT	The Help	of 1	1 DEGREE Phy	anding s.	Director P	toff hys.	23B. DATE SI 3 -	10 / /
24A. BURIAL CI	REMATION, 24B, DATE	24C. N.	AME OF CEMETERY OF CR	EMATORY	24D. LO	CATION (C	ity, town, or co	ounty) (State)

25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/6B

Burial

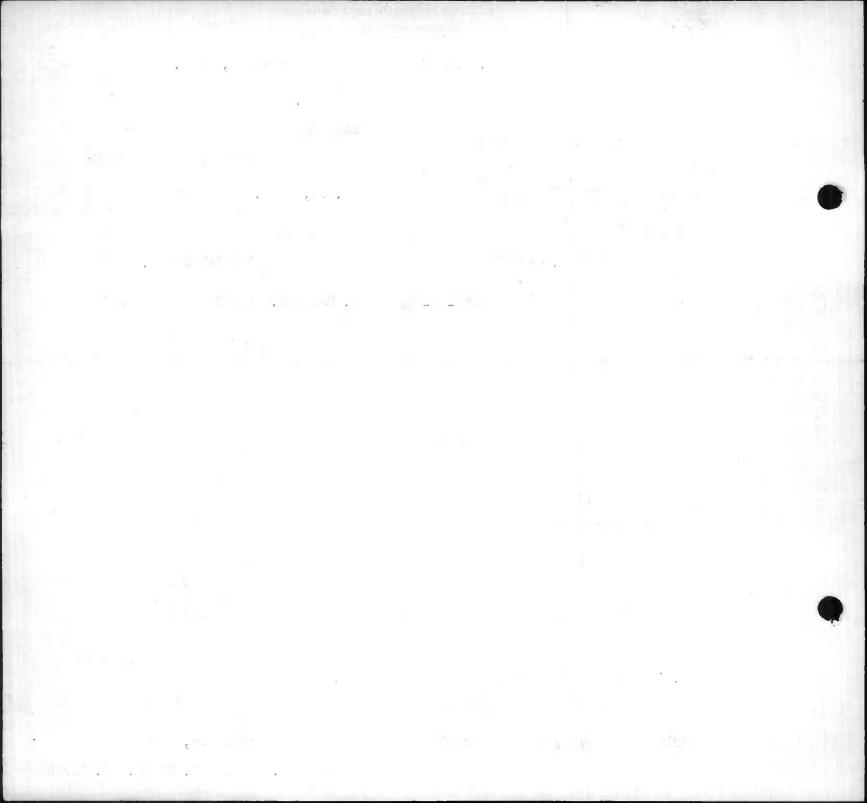
258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Baltimore, Maryland ADDRESS

LEONARD J. RUCK, INC. BALTO. MD. 21214

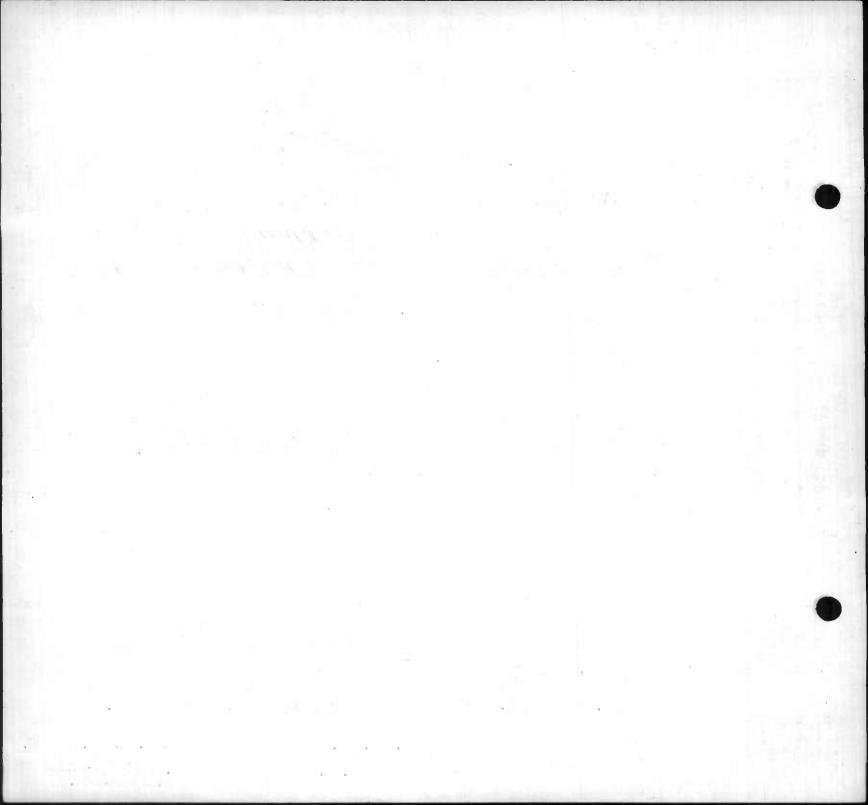
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FUNERAL DIRECTOR: IMPORTANT

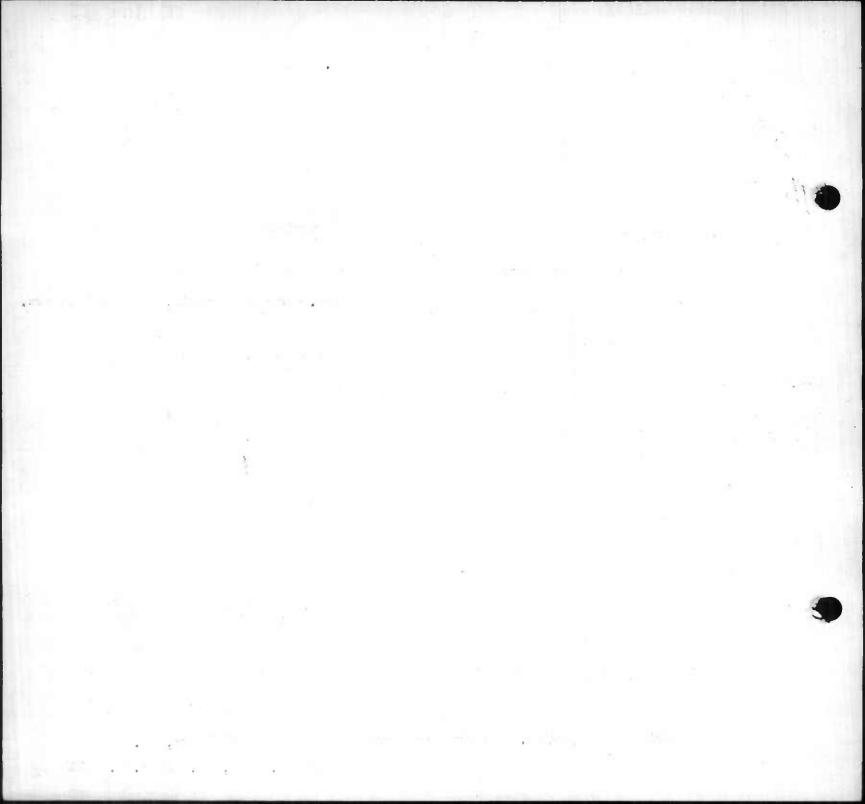
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

-	7 2018	BALTIMORE CI	Y HEALTH DEPARTMENT		68 298A			
BIR	IR NO.	2984 CERTIFICA		REG. NO	2304			
	AME OF DECEASED HONES	E. RUSSEL	L 3/17/68 3	5:45	P. M.			
3. 1	PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If in	stitution: residence before admission)			
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	OR INSTITUTION, GIVE STREET ON)	C. CITY OR TOWN	AREI D. INS	IDE CITY LIMITS?			
3	7 Money 1	Lane 1000	E. STREET AND NUMBER	1 Emg.	YES PO CONTRACTOR			
5 C	MILERLY M	DPITAL, INC	B. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.			
5. S	F WHITE.	MARRIED NEVÉR MARRIED DIVORCED	8-3-95	tast birthdoy)	Months Doys Hours Min.			
	. USUAL OCCUPATION (Give kind of work 10 educing most of working life, even if retired)		RY 11. BIRTHPLACE (Sfote or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?			
	HOUSEWIFE	OWN HOME	GERMAN	UP	U.S.A.			
13.	FATHER'S NAME	1-1-1	14. MOTHER'S MAIDEN N	4 - 4	1			
	JOHN GU.	NTHER		ERINE	ADDRESS			
	Was Deceased Ever in U. S. Armed Forces s, no or unknown) (If yes, give war or dates of		17. INFORMANT		-)			
	No	217-48-9609	MRS. BERT	RAM GOOL	MAN (SAME)			
	DISEASE OR CONDITION DIREC	CAUSE OF DEA	21		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (A) IMMEDIATE CAUSE UNKnown							
	(This does not meon the mode of di heart failure, asthenia, etc. It means th injury or complication which coused do	e diseose,	S A CONSEQUENCE OF:					
	ANTECEDENT CAUSES	(B)						
	DISEASES OR CONDITIONS, if on	y, giving DUE TO, OR	AS A CONSEQUENCE OF:		treated for			
	UNDERLYING CONDITION lost.	(C)	ASCVD	o	2-3 years			
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE	TERMINAL LOTIS-	abdominal m	assioriain	P			
ICA		TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208. IF YES. WERE	FINDINGS CONSIDERED			
RTIF	WAS PERFO	RMED	No	IN CERTIFYING CA	USES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct locotion)			
MEDICAL	21 D. TIME (Month) (Doy) (Year)	Hour) 21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?				
S	(APPROX.)							
ā	22. I certify that (1) (this haspital) attended the deceased fram $3-16$ 1968 to $3-17$ 1968,							
	that (I) (we) last saw the deceased	that (1) (we) last saw the deceased alive an 3-17 19 68 and that in (my) (aur) apinian death accurred an the date						
	and haur and fram the causes stated abave, (1) (We) (did) (dld nat) view the bady after death.							
	23A. SIGNATURE		ttending Med.	Shaff [7]	23 B. DATE SIGNED			
	Beatrice A. De	refield, Mister P	hys. Director L	Staff Phys.	3-17-68			
	23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS	' 4 0 D 04'				
	63. 43. 4.		MARAII HALM	ATAN KANTIMA	3 W 62 84 64			
244		e H. Denefield	CC	ital, Baltimo				
24 <i>A</i>	A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY OF	CREMATORY 24D.	LOCATION (C	ity, town, or county) (Stote)			
	Burial CREMATION, 24B. DATE REMOVAL (Specify) Burial 3/20/68	Glenhaven Mem.	Pk. Cem.	Glen Burnie,	ity, town, or county) (Stote) A. A. Co., Md.			
	Burial CREMATION, 24B. DATE REMOVAL (Specify) Burial 3/20/68	24C. NAME of CEMETERY OF	PR. Cem. 125C. FUNERAL DIRECT	Glen Burnie, or as & Sons Co.	ity, town, or county) (Stote)			



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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Thi: the sho	ded

BALTIMORE CIT	TY HEALTH DEPARTMENT 68- 2985
C-623 68- 2985 CERTIFICA	ATE OF DEATH REG. NO.
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Christopher, Elizabe	th F. March 16, 1968 3 - Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
148	Baltimore YES NO
Maryland General Hosp.	2309 Cloville, Ave
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Haurs Min.
10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired) Housewife	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John xxxxxxxx Baier	Elizabeth Bruder
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na gy unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 218-03-50	Mrs. Edna Mae Francis,2304 Cloville Ave.
18.5 93 2 CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	1
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	
heart failure, asthenia, etc. It means the disease,	S A CONSEQUÊNCE OF:
injury or complication which coused death.) ANTECEDENT CAUSES	· blandi
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:
rise to the above couse (A) slating the	and day free
UNDERLYING CONDITION lost. (C)	wax sfamara
5 9 3 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	16.4
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Hulls
	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E Nove	$N \circ$
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	, in ar about 21 C. WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?
OF INJURY (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
White At Not Will Wark Not Wark	
22. I certify that (I) (this haspital) attended the deceased fram	3/1/6819 to 3/16 1968.
that (1) (we) last saw the deceased alive an	5/16.196 and that in(my) (aur) apinian death accurred on the date
and hour and fram the causes stated abave. (1) (We) (did) (did nat)	view the bady after death.
23A. SIGNATURE	23 B. DATE SIGNED
	thending Med. Director Staff Phys. Phys. Staff Phys. Staff Phys. Phys. Staff Phys. Phys. Staff Phys. Phys. Staff Phys. Phys. Phys. Phys. Staff Phys. P
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
William A. Scovill M. Megers	Maryline General Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMOVAL (Specify)	
Durial 7/19/00. Houdon rark ce	
MAR 18 1968 Pole & Faller	Leonard J. Ruck, Inc. Balto. Md. 21214



to the any

the body was released

certificate

accident

shows: (1) An D.O.A.

eath) of hospital

O

40

prior

deceased

at a

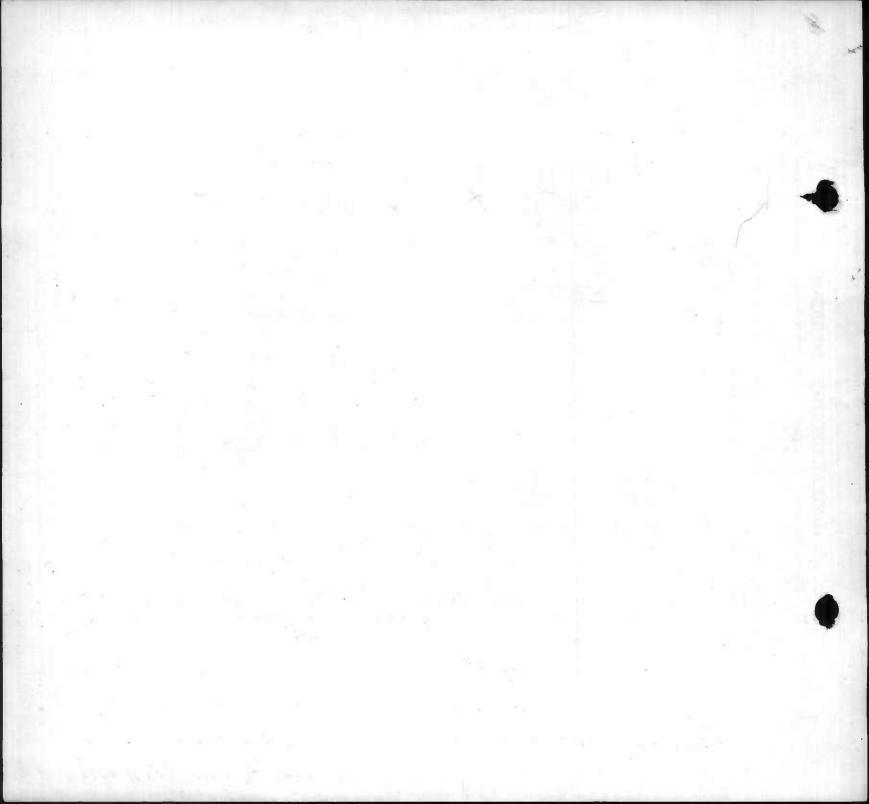
SD

Such Deceased of death NO. hospital death. attendance (2) cause canse; 0 0 prior contributing curred is made. (4) Undetermined regular deceased disposition death = Was the direct death LO kind; final attendance any 0 pronounced embalmed o regular w ho are = physician the remains the chief medical Mas burns; physician Body where the O before by (5) hospital °Z nature; obtained (9) pub approved except

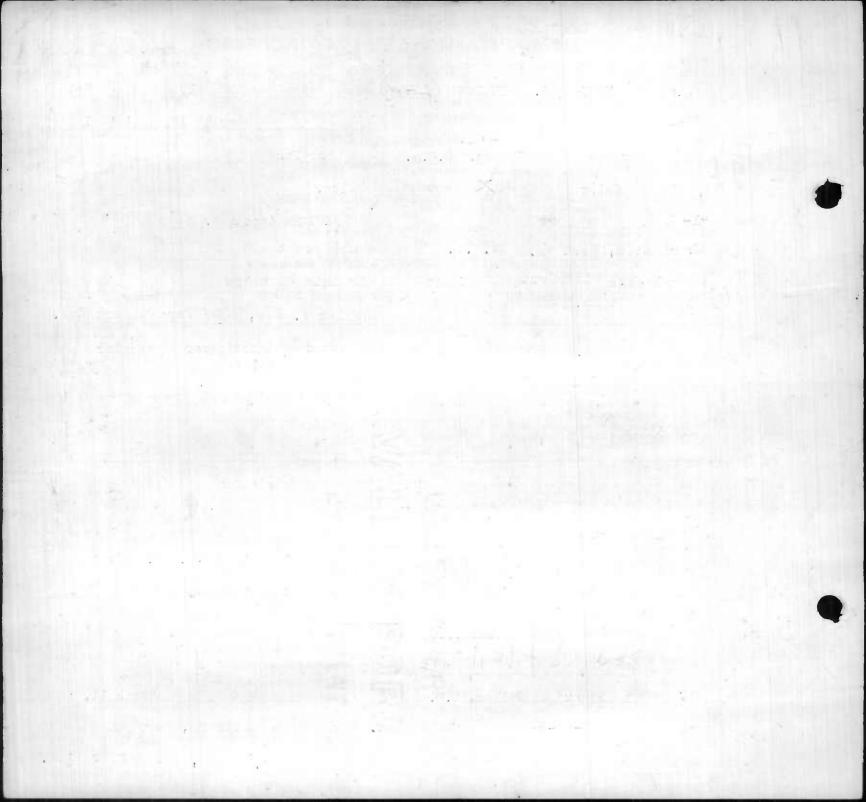
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) USUAL RESIDENCE (Where deceased lived. If institution: residence befare admis STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) nd. JEVT CITY OR TOWN D. INSIDE CITY LIMITS YES -NO STREET AND NUMBER If Under 1 Yr. If Under 24 Hrs. S. SEX 9. AGE (In years 8. DATE OF BIRTH 6. RACE 7. MARRIED NEVER MARRIED last birthday Hours DIVORCED WIDOWED TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) done during most af working life, even if retired) Calvert Com Md. Children 5 13. FATHER'S NAME Samuel ce 15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO. 19-30-272 APPROXIMATE INTERVAL CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONS heart failure, osthonia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If In Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21D. TIME (Hour) 21F. HOW DID INJURY OCCUR? (Manth) (Day) (Year) 21E. INJURY OCCURRED OF INJURY While At Not While (APPROX.) Wark At Work 22. I certify that (1) (this hospital) attended the deceased fram 16 19 68 that (1) (we) lost sow the deceased alive on. ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending ___ 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. 24C. NAME OF CEMETERY OF CREMATORY REMOYAL (Specify) ARBUTUS MEMORIAL MARK AlTIMORE 26B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 2SA. DATE REC'D BY HEALTH DEPT. ADDRESS

12. CITIZEN OF WHAT COUNTRY? ond that in (my) (our) opinion death occurred on the date pe must approval VS 150-REV. 1/1/68



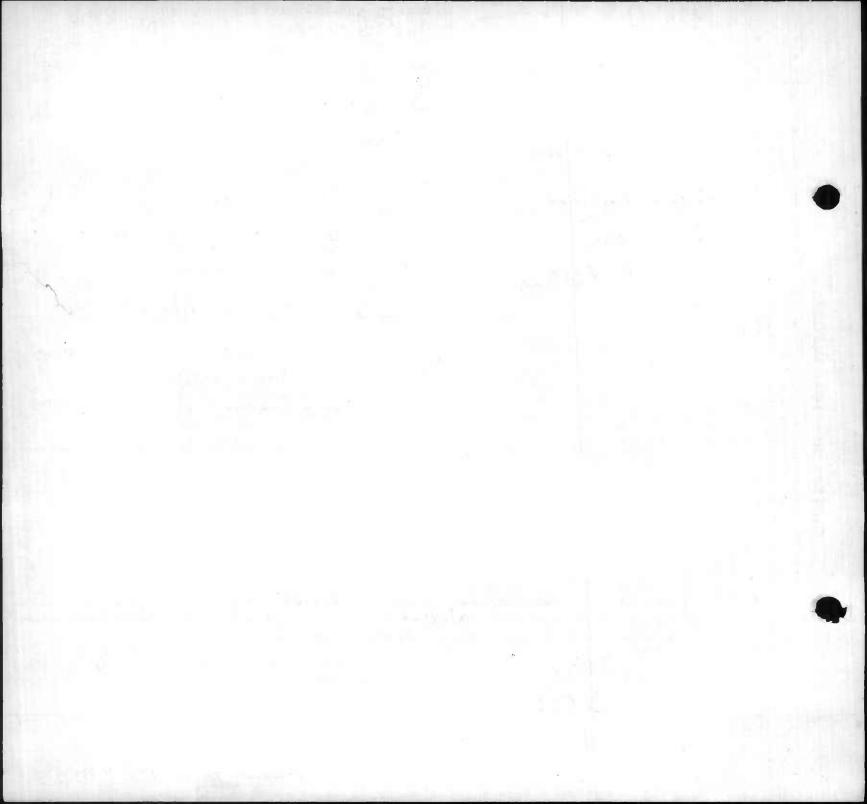
VS 151-REV. 1/1/6B



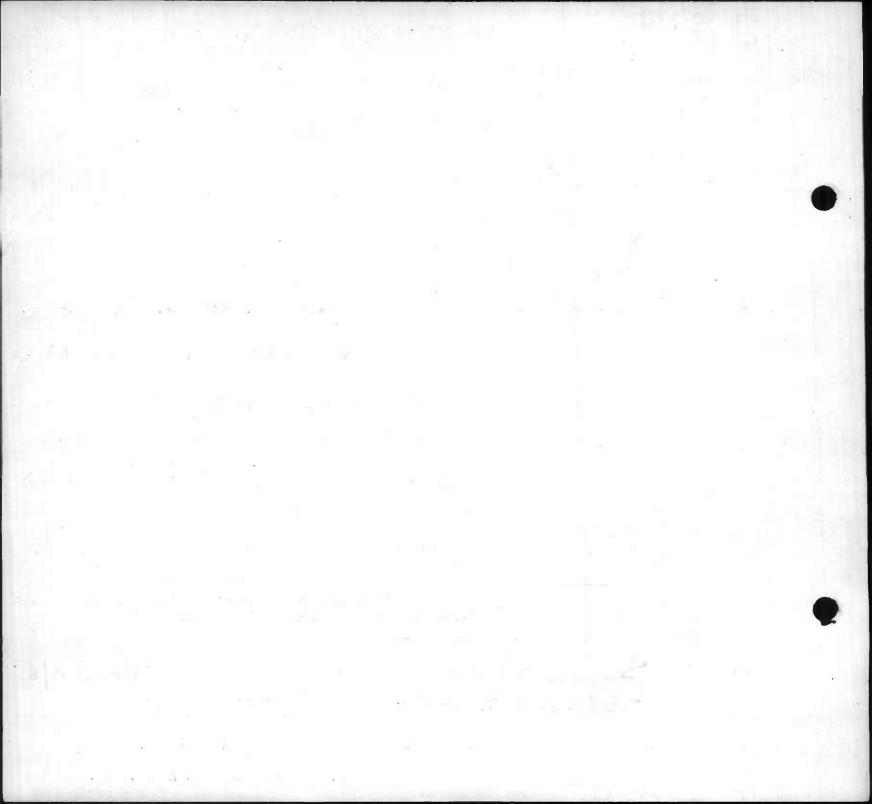
FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a haspital (except where the physician wha pronounced death was in regular attendance an the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1/201 00 00	BALTIMORE CITY	HEALTH DEPARTMENT		2028			
H-236 68-29	388 CERTIFICA	TE OF DEATH	REG. NO	68- 2988			
BIRTH NO.	GERTII 107						
1. NAME OF DECEASED		2. DATE A	NO HOUR OF DEATH	20			
(Type or Print) HECHTER 7	10 Pattite	N N	3/11/68	3180 P M			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	nstitution: residence before admission			
		md.	patrick and the same and the sa	27 2/1			
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET			1 / 1 / 4			
INSTITUTION		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?			
		BALTIMO	RE	YES NO 1			
4) SINAI HOSPITI	9 /	E. STREET AND NUMBER					
1 4 3 11/41 /10211.		6 CLUBR	21.				
		8. DATE OF BIRTH		The state of the state of the			
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.			
Female CAUCASIAN WIDOV	VED DIVORCED	4/1/1918	40				
10A, USUAL OCCUPATION (Give kind of work 10B, KINS	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired)							
home maker		BACTIMOS	RE MARYLAND	U.S.A.			
Nomemaker 13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
1 / /							
JACOB LAMM		Helen	Delevia				
15. Was Deceased Ever in U. S. Armed Faices?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi							
No	?	C. ALLEN Heck	TER 6C	LUB Rd. 21210			
18. 44 9 0 0 1	CAUSE OF DEAT			APPROXIMATE INTERVAL			
7.50101				BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		S- A Damal	2	3 ch.			
	(A) IMMEDIATE CA	JSE Seil alack	auoce	2000			
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:		0			
injury or complication which coused death.)							
ANTECEDENT CAUSES	ANTECEDENT CAUSES						
ANTECEDENT CAUSES	DISFASES OR CONDITIONS if any giving DUE TO, OR AS A CONSEQUENCE OF:						
DISEASES OR CONDITIONS, if ony, gi	11119	A CONSEQUENCE OF:		0			
rise to the above cause (A) stoling		0					
UNDERLYING CONDITION lost.	(C)		×*************************************				
_ 330X II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG						
I E IO HE DEATH BUT NOT KETATED TO THE TERMIN	NAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ON 20B. IF YES. WERE	FINDINGS CONSIDERED			
WAS PERFORMED				AUSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID	(If In Boltimo	ore City, give exoct location)			
T DEATH (notify medical examiner)	etc.)						
		215 110111 212 111					
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	JUKY OCCUR!				
(APPROX.)	While At Work At Work			, ,			
		-1.01/0		1010			
22. I certify that (I) (this haspital) attend	ed the deceased from	5//0/00	to	11.16.819			
that (1) (we) last saw the deceased alive	on 3/12/68	19 and t	hat in (my) (aur) ap	inian death accurred on the date			
	/ / /						
and haur and from the causes stated abov	e. (1) (We) vala) (ala nat)	view the body offer death.	•				
23A. SIGNATURE 2800				23B. DATE SIGNED			
1070		ending Med. Director	Stoff Phys.	3/19/68			
220 BHYSICIANS	DEGREE		rnys. —	10,000			
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS					
ゆっとうかい	STER						
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 124D	LOCATION (C	City, town, or county) (Stote)			
REMOVAL (Specify)			LU SALIVIT				
BURIAL 3/19/68	GREENMOUNT	Cemerery 12	BALTIMORE				
	ME OF REGISTRAR	2SC, FUNERAL DIRECTO		ADDRESS			
MAD 18 1868 A D A HES	Elakter Francisco		7				
WER TO BOO OFFICE	V	VVM COOK-BRO	SOKS TOWSON	1050 N. YOR H Rd.			
VS 150-REV. 1/1/68							



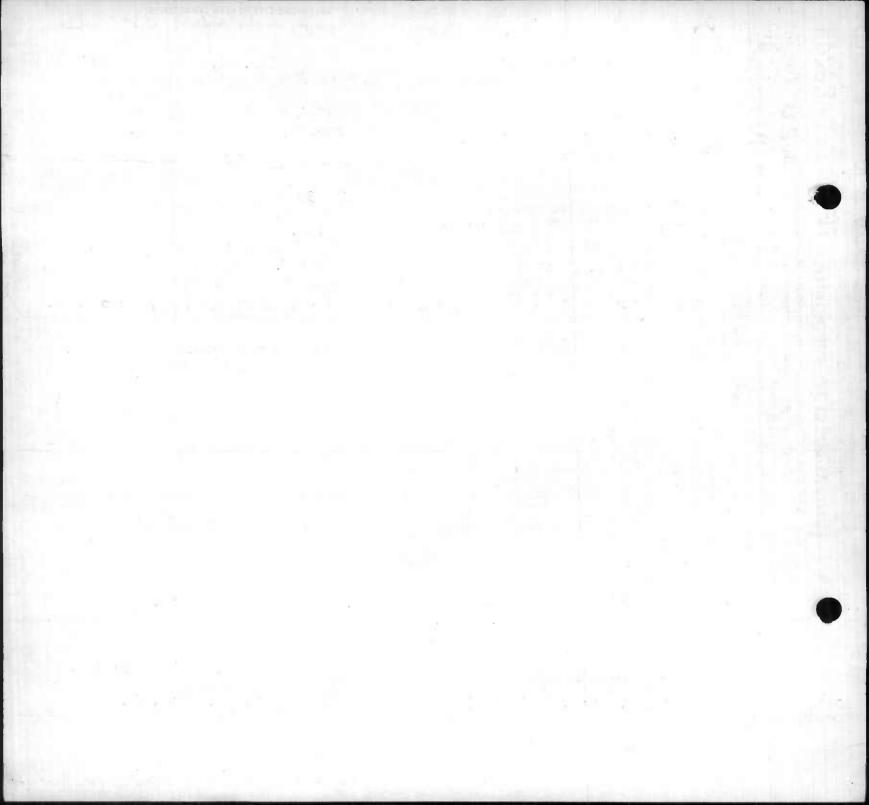
0	0 4				HEALTH DEPARTMENT	V	68- 2989
	. 200	6	3- 29	89 CERTIFICA	TE OF DEATH	REG NO	
BIRTH N	IO. E OF DECEA					AND HOUR OF DEATH	1
Type or			Do 11.			13/68	
. PLAC	E IN BALTI	MORE MARYLAND, V	Della		4. USUAL RESIDENCE (W	here deceased lived. If	10:30 a
	SE III BACIII	VIOLE IVIARIEAITO, I	THERE TROTTE	ONCED DEAD	A. STATE B. CO	UNTY	7 -
ULL N	AME OF	(IF NOT IN HOSPI'	ATION	TUTION, GIVE STREET	Maryland	Baltimore	9),
STITU		ADDRESS ON LOC	A110117		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
2					Baltimore		YES NO X
T	he Jol	hns Hopkir	s Hos	oital			
					19 Longeror		T (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
. SEX	6	RACE		NEVER MARRIED		9. AGE (In years lost birthdoy)	Months Doys Hours M
	ale	White	WIDOWED		7-04-99	68	
		ATION (Give kind of wor trking life, even if refired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12, CITIZEN OF WHAT COU
	sewife				Carrol Co.,	Virginia	USA
	HER'S NAM				14. MOTHER'S MAIDEN N	IAME	000
7	2000	T Division			Piddia	Lawson	
		Lawson ver in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	Tawson	ADDRESS
es, no	or unknown)	If yes, give wor or dot	es of service)	SECURITY NO.			
1	No			??	Moorehead Fu	in. HKXX Home	, Austinville, V
18.	410.9	+ R50,	9	CAUSE OF DEAT	Н		APPROXIMATE INTER
		OR CONDITION D	RECTLY			_	
		EADING TO DEATH		(A) MMEDIATE CAL	ISE BRAIN S	TED INF	ARCTION 6 h
		I mean the made a sthenia, etc. II mean:		DUE TO OR AS	A CONSEQUENCE OF:		
		ication which cause					
	Al	NTECEDENT CAUSE	5	m ACUT	F ANT .	MT	~500
DIS	EASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
		abave cause (A) CONDITION last,	stating the	TRP	ERIOSCIE	80515	18K
				(C)	E 10 2 C 11-	A	
Z	120.1	11	NITOIDIITINIC			MEIL	1705
ĕ TO	THE DEATH	BUT NOT RELATED TO	THE TERMINAL	DEHYR	+ NOITA	DIABETE	S YR
DIS 19 A	DATE OF	NOTION GIVEN IN PA		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED
TRICO 19A			RFORMED		No	IN CERTIFYING C.	AUSES OF DEATH?
U 21 A	ACCIDENT	WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If In Bottime	ore City, give exoct location)
		ING CAUSE OF hedical examiner	ho	me, form, foctory, street, of	fice bldg., INJURY OCCUR		
U		Month) (Doy) (Year)	(11) (21		215 110111 212		
	TIME (Month (Doy) (Teon		E. INJURY OCCURRED hite At Not While		INJURY OCCUR?	
TAP	PROX.)	*		ork At Work			
22.	1 certify t	hat (1) (this hospita	1) ottended	the deceased from	Novella 9	19 68 to WY	arell 13 19
				March 13	10 68 and	that in (my) family or	Inion death accurred on the
							of the second decorred on the
			ted obove.	(I) (We) (did) (did not) v	iew the body ofter deot	h	
23A	. SIGNATURI				nding Med.	Sh-# [23B. DATE SIGNED
		Some med	11	DEGREE Phy	Director _	Staff Phys.	March B
23C	PHYSICIAN NAME (Typ				23D. ADDRESS	11	
	~	SEYMO	JR T	NIXHZIN	7 H	Topleina III	ni+n1
24A. BU	RIAL CREM	ATION, 24B. DATE	24C. N	IAME of CEMETERY or CRI	MATORY 24D	Hopkins Hos	SOLTAL City, town, or county) (Sto
RE	MOVAL (Sp.	ecity)					
DEA P	Burial	The second secon		ast End Cem	OSC PHAIRS AL DIST	Withville,	
DA. U	ALE KECO B	Y HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT	l C K	ADDRESS
MA	R 181	968 R. Cul	18.40	400	Wm. Cook-Br	ooks, Inc. A	alto., Md. 21202
S 150-	REV. 1/1/68						



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
В	This certificat the body was shows: (1) An was D.O.A. at deceased pric written appro

RGB

1	2	619		BALTIMORE CITY	HEALTH DEPARTMENT	W	00 0000
BIE	1-62C	68-	- 299	CERTIFICA	TE OF DEATH	REG. NO	68-2990
1.1	Pe or Print)	ASED Finis Gene	Price			14, 1968	10:38 P
3.	PLACE IN BALT	IMORE MARYLAND, W		JNCED DEAD		e deceased lived. If in:	stitution: residence before odmission)
	III NAAAE OE	(IE NOT IN HOSPIT	AL OR INSTALL	ITON CIVE STREET	Pa.		-35
HO	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) US Public Health Service Hospital				C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
1					Conemaugh		YES NO
		an Park Drive		F 0	E. STREET AND NUMBER RD 1 Box	192	
S.	SEX M	6. RACE	7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED		9. AGE (In years tost birthdoy) 37	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
		PATION (Give kind of work orking life, even if retired)	1	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign III.	gn country)	12. CITIZEN OF WHAT COUNTRY? USA
13.	FATHER'S NAM	A E	1		14. MOTHER'S MAIDEN NAM	ΛE	
	Pati	rick A. Price	е		Neva E. Gr	reenfield	
15.	Wos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Te	Yes	USN & CG	to 1968	353-24-5334	Records- US	PHS Hospital	l, Balto , Md.
	1B. // 5	/ 1		CAUSE OF DEAT			APPROXIMATE INTERVAL
	DISEAS	OR CONDITION DI	RECTLY				
	1	LEADING TO DEATH		(A) IMMEDIATE CAL	Metastatic ad		a 6 mos.
	heart failure,	ol mean the made of asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF: OI	the lung	
		plication which caused					
		NTECEDENT CAUSES		(B)	A CONSEQUENCE OF:		
		R CONDITIONS, if above couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
		CONDITION last.		(C)			
ATION	OTHER SIGNIFI	CANT CONDITIONS CO					
		OPERATION 198. CON	RT 1 (A).	WHICH OPERATION	20 A. ALITOPSY? (Yes or No	208. IF YES. WERE F	INDINGS CONSIDERED
ERTIFIC	2	WAS PER			20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	ISES OF DEATH?
CAL CE	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, of	n or about 21 C. WHERE DID		e City, give exact location)
EDICE	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
1	(APPROX.)		Whi	ile At Not While	e 🗍		
	22	that (N /this hasalts		he deceosed from		9 67 to Mar	19 68
that (I) (we) lost sow the deceased alive on Mar. 14 19 68 and that in (m/y) (our) opinion death occurred on the door ond haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 238. DATE SIGNED						non death accorred on the date	
						23B. DATE SIGNED	
							3/15/68
	23C. PHYSICIAI	my 5 C	un,	DEGREE Phy	s. Director	Phys. 🗗 /	2/ 1/ 00
	Henry	pe)	A Suro			pital, Balto	o. Md.
24	A. BURIAL CREA			ME of CEMETERY OF CRI			ly, town, or county) (State)
	REMOVAL (S	pecify)					
25	REWIEL	RY HEALTH DEPT	168 Pick	IVIA - THEECE-BE	unett Most, J	ohnstown	, ta.
231	MAR 18	1968 00	40 Z	Day MA	MI C L D	Le Time 1.	Pa. ADDRESS 217 St. Paul St. Balto, Hd. 21202
VS	150-REV. 1/1/6	B	y ~, w	Caral, an	INM COOK- BLO	ORS, INC.	Balto, Ma. XI301



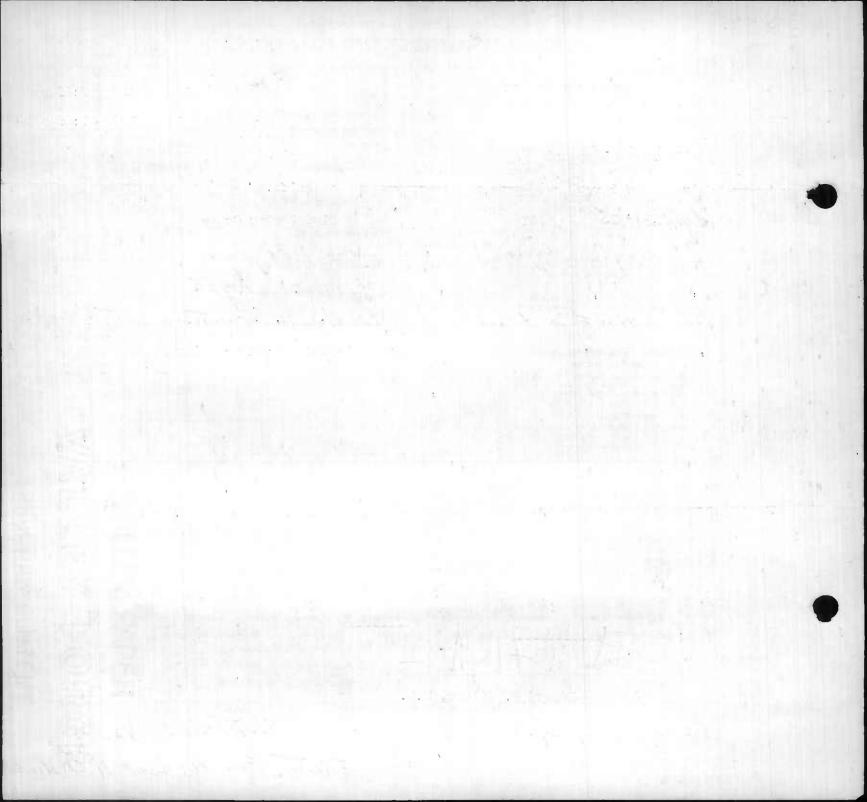
14-325

68- 2991 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68-2991

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known X Manth Day Year Hour
(Type or Print) CLARENCE HEDGEMAN	OF DEATH Estimoted 3 10 68 7:45 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD March 10 1968 7:45 p.
HOSPITAL ADDRESS OR LOCATION)	March 10 1968 7:45 p.m. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
4/	A. STATE B. COUNTY
7 Lutheran Hospital	Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDPRETY LIMITS?
Male Colored WIDOWED □ DIVORCED 🗷	Balto. YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min.	E. STREET AND NUMBER
Sept-23, 1725 42	2106 Poplar Grove 27.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Ruckeyes Law GV WHAT COUNTRY?	John delagraph
14A. USUAL OCCUPATION (Give kind of work) B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of warking tile, even if retired)	P 1 -1 1056
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	1 1 . 0 - 0 - 11 11
VES WHAT C MISE OF DEA	The 1/4 H JONNA 100 MI OF VALLED APPROXIMATE INTERVAL
CAUSE OF DEA	BETWEEN ONSET AND DEATH
	iosclerotic Cardiovascular Disease
LEADING TO DEATH	CAUSE
heort foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OF THE RISIONIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED 21. AUTOPSY? (Yes or No.)
O 4	AS PERFORMED
	yes
O HAIDERLY LOCALOR CONTROL	in ar about 22C. WHERE DID (If in 8altimare City, give exact lacation) e bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
OF INTURY	22F. HOW DID INJURY OCCUR?
(APPROX)	WHILE OF THE CONTROL
23.	
I certify that I held an Inquiry Inspection Au	tapsy 💢 and that an this basis, death In my apinian
resulted fram: Natural callses Accident Suicide	de Homicide Undetermined manner
1 1 100	CHIEF MEDICAL EXAMINER
ACTUAL DANGE TO THE STATE OF TH	ASSISTANT MEDICAL EXAMINED
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	March 11, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	
156000 Var 3/2/68	Deolls ville, VA.
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS /129
MAR 15 MAS OF PARE SERVE	EllioII FUNETO HOME N. CAPOLINE
MOUNTS AND DESCRIPTION OF CONTRACTOR	PILLOII VN SINI CELLULE IN AND LA

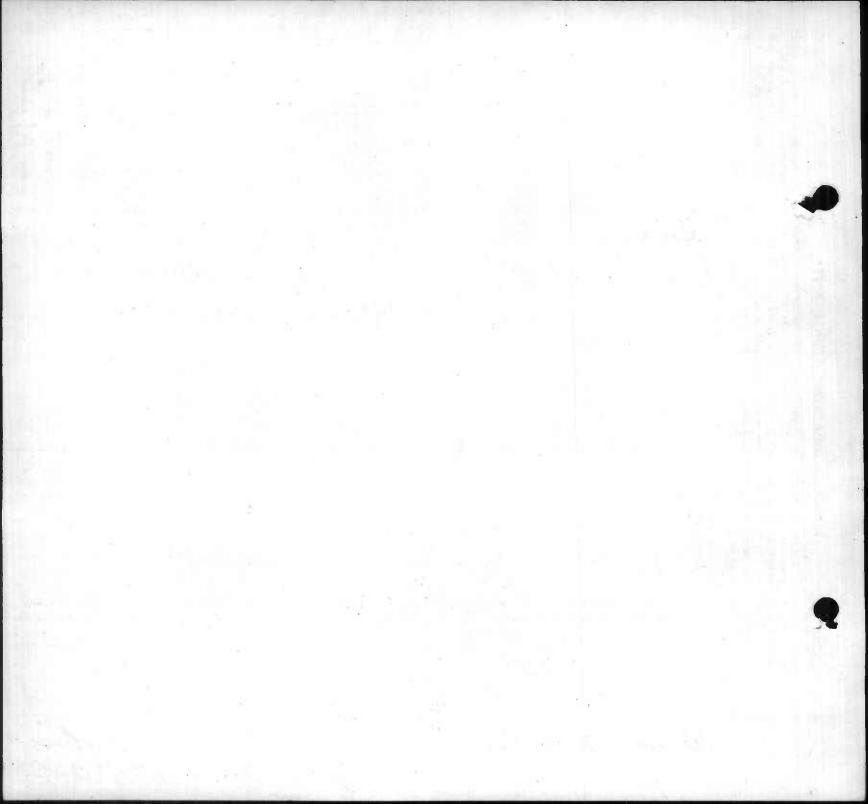


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68-	2994

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	68-	2992
REG. NO		Coluly

	00	CERTIFICA	TE OF DEATH	REG. NO	68- 2932
I. NAME OF DE	CEASED	P'H	2. DATE AN	ID HOUR OF DEATH	015 1
	31001	I I II HAN	M4. USUAL RESIDENCE (Who	re deceased lived. If instit	tution: residence before admis
3. PLACE IN BA	LTIMORE MARYLAND, WI	TERE PRONOUNCED DEAD	A. STATE B. COUN	ITY	ionon. residence before dumis
FULL NAME OF	ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	lo Algine	CITY LIMITS?
INSTITUTION	Bolton Hill N	LURSING HOME	BALTIMOR		ES NO
90	1400 JOHN ST	. BoltikoAciHd.	E. STREET AND NUMBER	0.1	
10			1237 66	HSE ST.	
5. SEX	01	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Nonths Doys Hours Mi
+	Negro	WIDOWED DIVORCED	5-4-04	54	
	CUPATION (Give kind of work) F working life, even if retired)	IOB, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COU
House	ew/fe		Infield	she.	
13. FATHER'S NA	ME	-1. -2.	14. MOTHER MAIDEN NA	ME	1 4
Yleas	Sunde	10	Georgian	na Was	sungan
	d Ever in U. S. Armed Forc n) (If yes, give wor or dotes		17. INFORMANT	1	1400 JOHN ST 1
		234-66-1238	BOLTONTILLA	URSING HOHE	BALTIMORS, HO
1B. 4 =	3.71	CAUSE OF DEA	TH	-64	BETWEEN ONSET AND D
DISEA	ASE OR CONDITION DIR		Central	The land	8 clay
	not mean the mode of		A CONSEQUENCE OF:		
	, asthenia, etc. It means mplication which caused		1		
	ANTECEDENT CAUSES	(0)	ereland bate	inscharge	3 year
	OR CONDITIONS, if a		S A CONSEQUENCE OF:		
	he obove couse (A) IG CONDITION last.	staling the (C)			
332	X II		1 4		
O OTHER SIGN	FICANT CONDITIONS CON		7CYD		3 year
I & DISEASE OR	CONDITION GIVEN IN PART		20A. AUTOPSY? (Yes of N	ol 20B, IF YES, WERE FIN	IDINGS CONSIDERED
世人	WAS PERF	ORMED	NO	IN CERTIFYING CAUS	
U 21A. ACCID	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If In Boltimore C	City, give exact location)
DEATH (notif	y medical examiner)	etc.)	office bldg., INJURY OCCUR?		
Q 21D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID IN.	URY OCCUR?	
S OF INJURY		While At Work At Work	ile		
22, 1 certif	v that (4) (this haspital)	attended the deceased from	Oct 11	19 67 to 2	10 19 6
) lost sow the decease		3 19 48 ond th		
		ed obove. (I) (We) (did) (did not)			
23A. SIGNAT			usuj unu usum		3B, DATE SIGNED
	R.T. Som	OL OL	tending Med. Director	Staff Phys.	3/10/65
23C. PHYSICI NAME 24A. BURIAL CR	AN'S	OEGREE!	23D. ADDRESS	, 3.	
NAME	T. SMOST	T, M.D	38/7 COPL	EY &D .	BALTO. 150
24A. BURIAL CR		24C. NAME of CEMETERY of C		OCATION (City,	town, or county) (Sto
REMOVAL	(Specify) March	12/10/	4	which y	1 Carolina
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	July 11	ADDRESS
	MAR 18 1868	P.O. B. E. John All	Breaks	Theken 1	12971 Buste
1	/6B		He man I c	7.	- / //



IMPORTANT assistant DIRECTOR: medical FUNERAL 0 hospital approved

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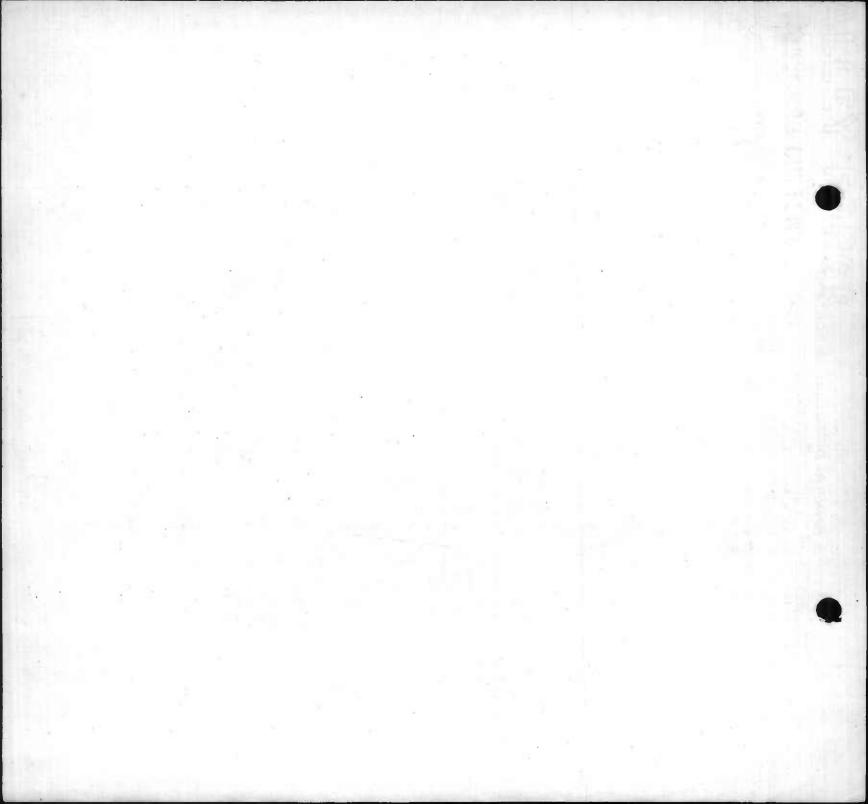
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the body

Body

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND FULL NAME OF HOSPITAL OR C. CITY OR TOWN INSIDE CITY LIMITS 0 NO / YES 10NTZBELLO STATE HUSPITA prior E. STREET AND NUMBER SACTIMORE, made 5. SEX . RACE 9. AGE (In years Yr. If Under 24 Hrs. 8. DATE OF BIRTH If Under 1 Yr. Months! Doys MARRIED WEVER MARRIED deceased Hours last birthday WIDOWED DIVORCED S 10A. USUAL OCCUPATION (Give kind of week 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN' OF WHAT COUNTRY? done during most of working life, even if-retired) disposition Va the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CO 5. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF LEADING TO DEATH (This does not mean the mode of dying, e.g., ULCER ular embal heart failure, asthenia, etc. Il means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES APLIGIA Y U 0 16 4 DISEASES OR CONDITIONS, if ony, giving 0 the obave cause (A) 10 sloling lhe UNDERLYING CONDITION last, remains MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the 20A. AUTOPSY2 (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimere City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL å DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) pup Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. ...and that in(my) (set) opinion death occurred on the date pe death) and hour and from the causes stated above. (1) (We) (sid) (did not) view the body ofter death. must 23A. SIGNATURE 238, DATE SIGNED Attending [Staff 0 Phys. 0 Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS prior approv NAME (Type) deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPA	RTMENT
CERTIFICATE OF D	EATH

ARV

STREET AND NUMBER

CITY OR TOWN

8. DATE OF BIRTH

17. INFORMANT

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

DIVORCED

16. SOCIAL

SECURITY NO.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE

And

MIMORK

11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?

(If in Boltimore City, give exoct location)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 E. INJURY OCCURRED

Not While While At Work At Work

etc.)

REG. NO.

4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
A. STATE
B. COUNTY

TIMORE

D. INSIDE CITY LIMITS? YES

If Under 1 Yr. Months: Doys

2. DATE AND HOUR OF DEATH

9. AGE (In years

lost birthdoy

ELLEN HARRIS

and that in (my) (aur) opinion death occurred on the date

M

If Under 24 Hrs.

Hours

BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

CITY

and happened from the causes stated above (1) (We) (did) (did not) view the bady after death.

20 A. AUTOPSY? (Yes or No)

23B. DATE/SIGNED

Attending [Med.

Phys.

Director 23D. ADDRESS

- Staff Phys.

OEGRE

24D. LOCATION

(City, town, or county)

(Stote)

2SC. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/68

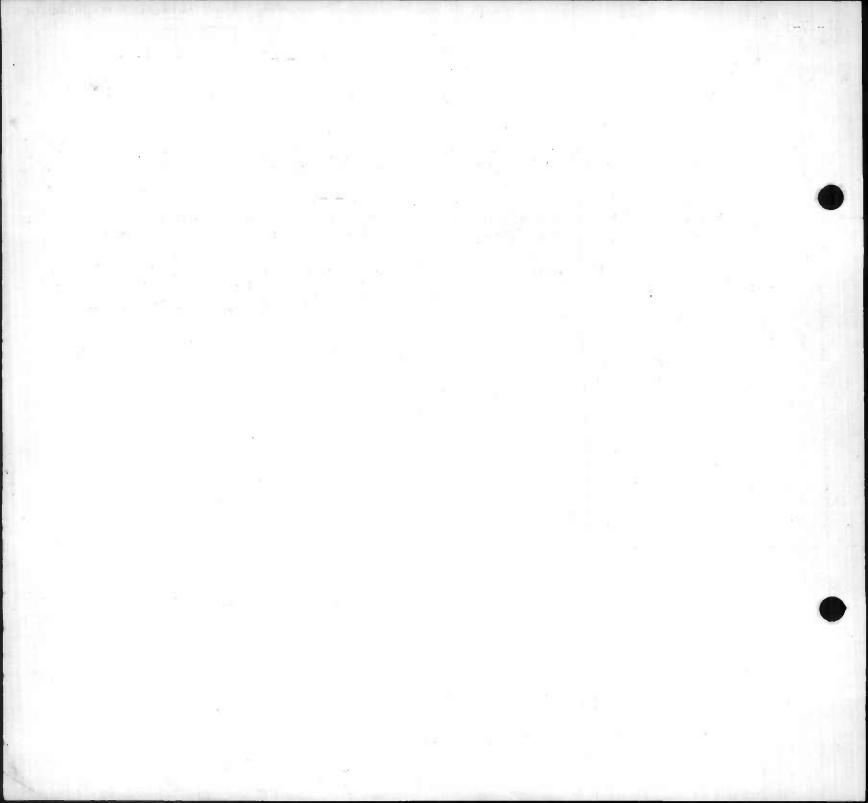
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DIR	TH NO. De	umenta ME	DICAL E	XAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO.			
	IAME OF DEC				2. DATE	Knawn A	Month	Day	Year	Hour	
	e or Print)	ALGLOR	IA HOLM	ES	OF DEATH	Estimoted	March	9, 196	_	PIOUF	м.
4. F	LACE IN BAL	TIMORE, MARYLAND	, WHERE PRON	OUNCED DEAD	3. DATE		Manth	Day	Year	Haur	
HOS	NAME OF	(IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITUT CATION)	ION, GIVE STREET		RESIDENCE (Where		9, 196			A.M.
	1/	Mercy Hospi	tal	(DOA)	A. STATE	Maryland		B. COUNTY	0 0	2/	,
6. 5	EX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY O	RTOWN		D. VISIDE C	LY LIMITS	-	773
F	emale	Negro	WIDOWED			Baltimore		Y	ES X	NO 🗆	
9. D	ATE OF BIRT	H 10.AGE		Inder 1 Yr, If Under 24 Hrs. oths; Doys; Hours; Min.	E. STREET	AND NUMBER					
7	MA11.20	2, 1961	6	ins Doys I noors Min.		735 E. Pr	eston S	Street			
11.	BIRTHPLACE (State or foreign country	1) 12.	CITIZEN OF	13. FATHE	R'S NAME	,				
	Denn	ruck S.C.		WHAT COUNTRY?	Ro	best &.	Holm	res			
				BUSINESS OR INDUSTRY	Y IS. MOTH	ER'S MAIDEN NA	ME /) ,			
done	during most of	working life, even ifretire	ea)		de	la ma	WN.	ares			
		ED EVER IN U.S. ARA		17. SOCIAL SECURITY NO.	IB. INFO	MANT	, 1/	A	DDRESS	2/ -	1
(103	, na ar onknawn	Il yes, give war or do	les of service)	SECORITI NO.	Udo	y mar	AH	mee,	1229	Valle	4 87
	19.	9D.X		CAUSE OF DEA	тн				AF	PROXIMATE IN	
	DISEAS	E OR CONDITION D	DECTIV						DE 1 11	TEN ONSET A	NO DEATH
		LEADING TO DEATH	RECILI	4. NAMA EDIATE (PALLE	Asphyxi	a				
	(This daes r	not mean the made of	dylng, e.g.,	(A) IMMEDIATE O			a				
		e, osthenio, etc. It meons mplicotian which coused									
		NITECTO PAIR CALLES				Carbon M	onovid				
		NTECEDENT CAUSES OR CONDITIONS, IF A		(B) DUE TO, OR	AS A CONS	EQUENCE OF:	OHOXIU	<u></u>			
	RISE TO TH	E ABOVE CAUSE (A) !	STATING THE			O C1					
Z	ONDEREIN	TO CONDITION TAS		(C)		Conflagr	ation				
CERTIFICATION	TO THE DE.	NIFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IS	TO THE TERMINA								
ERT				WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes	or No)
O	0									No	
		NAL CAUSE WAS	22B	PLACE OF INJURY(e.g.,	in or about	22C. WHERE DID	(If in Baltimor	e City, give ex		NO	
ä		SOR CONTRIB-	ham	ne, farm, factary, street, affice home	e bldg., elc.)	735 E. P	reston	Ctmoot	10-	0/	
	22D. TIME		(ear) (Hour)	22E.INJURY OCCURRED	21	22F. HOW DID IN	JURY OCCI	JR?			
	OF INJURY (APPROX.)	2 0 60 6	.10 4		WHILE X	T 1 .			11.		
	23.	3 - 9-68 6	:10 A.m.	WORK AT V	VORK X	Found i	n burn	ing bui	Iding		
	I cert	tify that I held an	Inquiry 🗌	Inspection X Au	tapsy 🗌	and that an t	his basis,	death in my	apinian		
	resul	ted fram: Natural o	guses 🗍	Accident X Suicio	de 🗍 I	lomicide 🔲	Undetermin	ned manner			
		20 0	0 4			CHIEF MEDICAL					
	ACTUAL		J. J.	met M.C	AS	SISTANT MEDICAL		X		DATE SIG	NED
	EXAMIN NAME (ER'S Charle	s S. Spf	ingate, M.D.		OCIATE MEDICAL	EXAMINER	□ Ma	arch 9	, 1968	
	BURIAL CRE	MATION, 24B. DAT	E / 2	4C. NAME of CEMETERY	or CREMA	ORY 24D.	LOCATION	(City, Iow	n, or caunly) (Sto	le)
RE/	MOVAL (Spec	(b) 11:	2/69	11101/100	111111	(Part)	7.0	16000	11	m	21.
25	DATE PECID	BY HEALTH DEPT.	ISR NAM	E OF REGISTRAR	Absc	FUNERAL DIRECT	J. IU	LEW	ADDRESS	/11	7
234	10.4	D 18 1868	10 0 8	154 L. 7-8	90	with the	1	1)	000	9.0	1

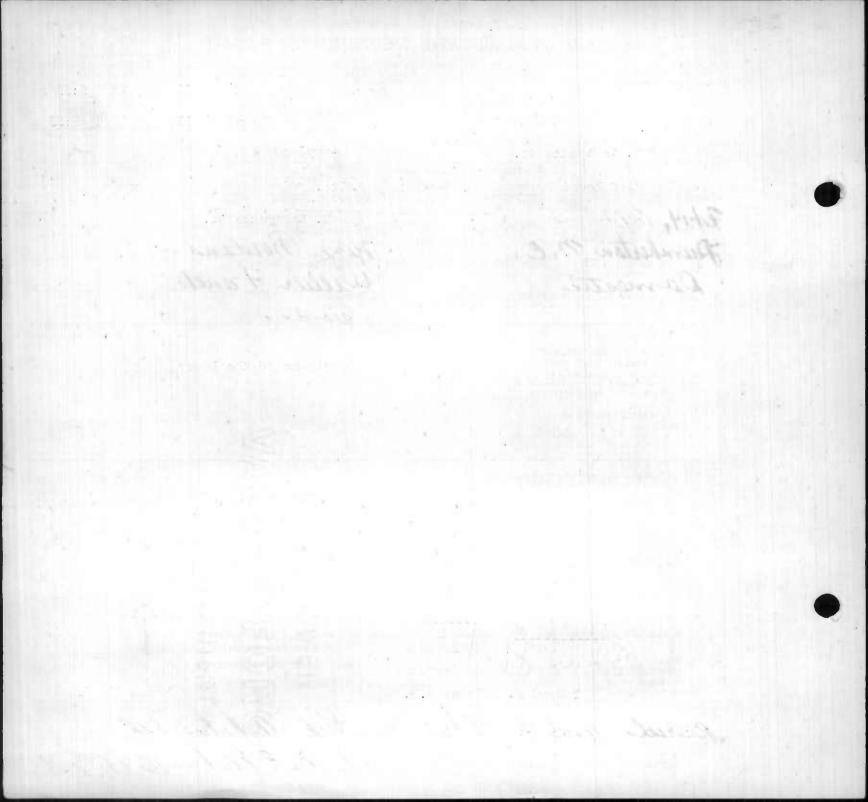
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CO DOOC BALTIMORE CITY	HEALTH DEPARTMENT				
P-455 68- 2996 CEPTIFICA	ATE OF DEATH REG. NO. 68- 2996				
BIRTH NO.					
1. NAME OF DECEASED FRANK PUI	LMAN 23-3-68 HOUR OF DESTINO P.M.				
Type or Print Pulman	6:30 pm. M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND C CITY OR TOWN				
BALTIMORE CITY HOSPITALS	BALT IMORE YES A NO				
4940 EASTERN AVENUE	E. STREET AND NUMBER				
BALTIMORE, MARYLAND 21224	4940 EASTERN AVENUE #21224				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED MALE NEGRO WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 12-5-1885 82 If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY					
done during most of working life, even if retired).	BALTIMORE, MD. U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
HEHRY Pullmon	UN KNOW4				
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO	RECORDS: BALTIMORE CITY HOSPITARS RECORDS: 4940 EASTERN AVE., BALTO., MD.#21224				
18. 4 2/ 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	USE Ryo Pal. Dubolion				
(A) IMMEDIATE CA! (This does not mean the mode of dying, e.g.,	A CONSEQUENCE OF:				
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)					
	e e				
ANTECEDENT CAUSES (B)	***************************************				
DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS	S A CONSEQUENCE OF:				
UNDERLYING CONDITION last, (C)	A o serve crepal arke oschmi. Since 1965.				
_33/X II	0 1 1 1 1 7 10 1				
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	Fran found found whe ! bleet inic 3/1/68				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH? YES				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., home, form, foctory, street, or etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?				
21D. TIME (Month) (Doy) (Year) (Hourl 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
While At Not Whi (A PPROX.) Work At Work					
22. I certify that (I) (this hospital) attended the deceased fram	2/4/65 19 68 10 3/3 19 68,				
that (I) (we) last sow the deceased alive on	man, 19 64 and that in(my) (our) opinion death occurred on the date				
ond hour and fram the couses stated above. (1) (We) (did) (did nat)	view the body ofter deoth.				
23A. SIGNATURE	23B, DATE SIGNED				
Dana frame historians Attending Med. Staff 3/3/68					
23C. PHYSICIAN'S DAYLD JUAN M.D.	23D. ADDRESS 4940 EASTERN AVE.,				
DAVID JUNN M.D. GEGREE	BUT BALTO MD 21221				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR					
Burial 3/9/68 MT. Auburg	CEM. WEST NOUT mal.				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
MAR 18 1868 R. C. 6 2 Francis	million Er Elichan				



68- 2997 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIR	THINO.		/ ()	D L/ (11	REG. NO.			
	NAME OF DECEASED	2. DATE	Known X	Month	Doy	Year Hour		
H	ATTIE KEMP	OF DEATH	Estimoted	3	11	68 5:55 ам.		
4. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor Hour		
	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUN	CED DEAD	March	11.	1968 5:55 a.		
OR	INSTITUTION	5. USUAL RES				esidence before odmission)		
1	428 E. LaFayette St.	A. STATE	ryland		B. COUNTY	The second second		
6. 9		C. CITY OR TO	4		D. INS DE CITE	LIMITS?		
١,		Polto			YES			
	Female Colored WIDOWED DIVORCED DIVORCE	Balto			YES L	X NO L		
1	lost birthdoy) Months Doys Hours Min.				211			
to	r14, 1877 74		. LaFay	ette St	· #UE 1			
11.	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME D		4			
7	Kumberlow // C1	RUBE	- 090	wan	ed-			
	. DSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY aduping most of working life, even if retired)	Y 15. MOTHER'S	MAIDEN NA	ME	-			
	Delmontie.	1011	liek	TRU	ele			
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMA	NT		ADDR	RESS		
(Yes	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Con	~ 1 .					
-	19. CAUSE OF DEA	TH	TURE			APPROXIMATE INTERVAL		
	191,01					BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (A)IMMEDIATE C	AUSE Carc	inoma o	f the l	iver	24004		
	heart failure, asthenia, etc. It means the disease,	AS A CONSEQUE	NCE OF:					
	injury or complication which coused death.)							
	ANTECEDENT CAUSES (B)	ANTECEDENT CAUSES (D)						
		AS A CONSEQU	ENCE OF:					
	UNDERLYING CONDITION LAST							
N	(C)							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
S	TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
분	DISEASE OR CONDITION GIVEN IN PART 1 (A).	AC DEDECORAGE			In.	1 AUTODOM (Ver en Ne)		
E.	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMEL			2	1. AUTOPSY? (Yes or No)		
						no		
CAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 220	WHERE DID	(If in Boltimor	e City, give exact le	ocotion)		
EDIC,	UNDERLYING OR CONTRIB-	e blag., etc.) ii vs	OKT OCCOR:					
Σ	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	- 22F	HOW DID II	NJURY OCCU	JR?			
	OF INJURY (APPROX.) WHILE AT NOT	WHILE						
	23. m. WORK AT W	VORK						
		topsy	and that an	this basis,	deoth in my opi	inion		
	resulted from Natural couses A Accident Suicid		icide 🗌		ned monner			
	Accident Suicid		RIEF MEDICAL					
	ACTUAL (A A A A A A A A A A A A A A A A A A					DATE SIGNED		
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER								
	EXAMINER'S	ASSOC	TATE MEDICAL	EXAMINER		1 11 1060		
	NAME (Type) Edward F. Wilson, M.D.		×			h 11, 1968		
24. RE	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATOR	240	LOCATION	(City, town, or	or county) (Stote)		
	Burel much 118 alpetion	nam to	1	11kil	us he	d		
25	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FU	NERAL DIREC	TOR and	A \ ADD	RESS		
	MAR 18 1968 @ O. 6 & talley	Tr.	- 1- L	5/	ban. 110	2018000.		
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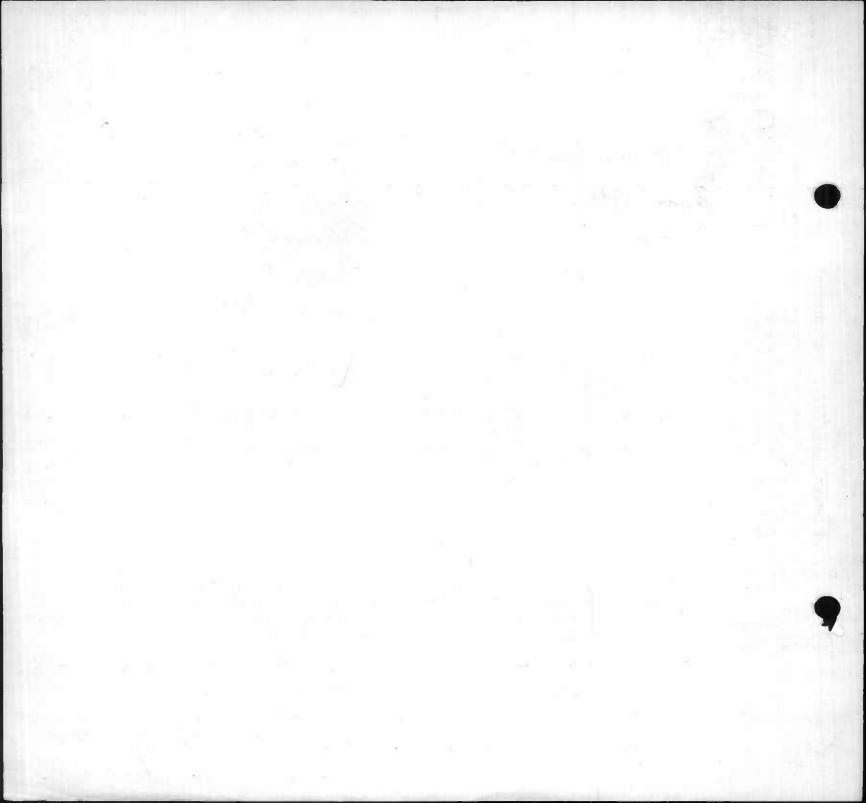
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT CEDTIFICATE OF DEATH

REG. NO

BIRTH NO.	CERTIFICA	IL OI DEATH					
(Type or Print)	Rich	2. DATE AND	HOUR OF DEATH	1968 P M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where A, STATE B. COUNT	deceased lived. If institution	n: residence before odmission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. VISIDE GITY LIMITS? YES NO NO					
00812 Monroe Street	et	E. STREET AND NUMBER	roel St				
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	AGE (In years of Ur	nder 1 YI. If Under 24 Hrs.			
temale Coloud WIDOWED[DIVORCED	april 1 1909	58				
MA. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working lile, even il retired)	BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreig	n country) 12. C	CITIZEN OF WHAT COUNTRY?			
mail		Trunville i	n.C.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E /				
41 se b service		Task it	Idonku				
15. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT	1 tenan	ADDRESS			
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	William	· fish 802	Monroe ST			
18. 4-10. 9	CAUSE OF DEATH			BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	>		602.0	0 dala			
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	260 /2 2 1617	7 d Wardy			
heart failure, asthenia, etc. 11 means the disease, injury or complication which coused death.)		1					
ANTECEDENT CAUSES	1, 15.5	1-6,00-41 00	D13822e	1964			
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(*)						
	(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		••••••					
19A. DATE OF OPERATION 19B. CONDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES O				
U 21A. ACCIDENT WAS UNDERLYING 21B.		or about 21C. WHERE DID ce bidg., INJURY OCCUR?	(If in Baltimore City,	give exact location)			
OF INJURY (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED Not While At Work	21F. HOW DID INJU	RY OCCUR?				
22. I certify that (1) (this haspital) attended the		eh 19 19	10 M 20 8 8 9 9	120 10 45			
that (I) (we) last saw the deceased alive an	Jel 27	- 0	t in(my) (ear) apinian d	eath accurred an the date			
and haur and fram the causes stated abave. (I) (Wa) (did) (did not) vi	ew the bady after death.					
23A. SIGNATURE	DEGREE Phys.	ding Med. Director P	Shaff 238, C	PATE SIGNED			
23C. PHYSICIAM'S NAME (Type)		3D. ADDRESS	notoni	53,			
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CRE	WATORY 24D. LO		n, or county) (State)			
Burish Marky 168 M 25A. DATE REC'D BY HEALTH DEPT. 1/25B. NAME O	4. Calvar	2 CM C	a. County	ADDRESS			
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VS 150-REV. 1/1/6B



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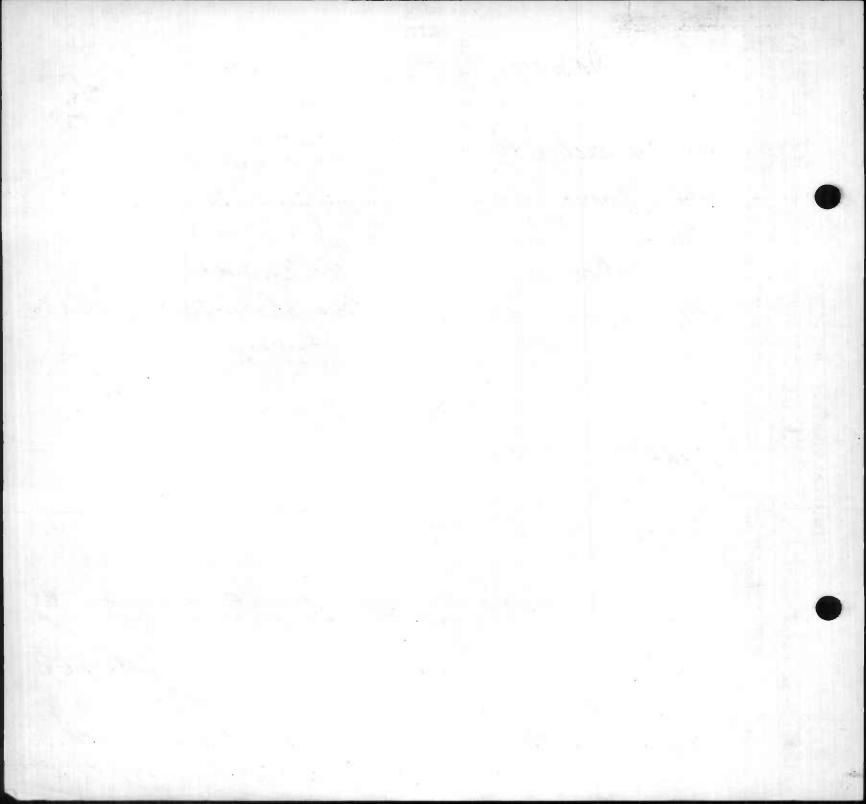
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. A. STATE

B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD If institution: residence before admission) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN NSIDE CITY (IM STREET AND NUMBER 5. SEX 9. AGE (In years If Under 24 Hrs. Hours Min. 6. RACE 8. DATE OF BIRTH If Under 1 Yr. 7. MARRIED NEVER MARRIED Hours last birthday Months Days WIDOWED DIVORCED 60 USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE Stale or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ettred 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 16. SOCIAL (Yes, na ar unknown) (If yes, give war or dates of service) SECURITY NO. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY tuo-Sile LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death,) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) sloting the UNDERLYING CONDITION lost. П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 0 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ū 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimore City, give exoct location) OR CONTRIBUTING CAUSE OF home, farm, foctory, street, affice bldg., INJURY OCCUR? DEATH (natify medical exominer) etc.) ED 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY White At Not White (APPROX.) Work At Wark 22. I certify that (I) (this basattet) attended the deceased from 196 that (I) (we) last saw the deceased alive on and that in (my) (our) apinion death accurred on the date and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Z Staff Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) aro 24A. BURIAL CREMATION, CREMATORY (City, town, or county) deceased written a REMOVAL (Specify) ADDRESS 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

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a hospital

occurred in

rne boay was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased proved by the chief medical examiner or his assistant if death IMPORTANT FUNERAL DIRECTOR:

This certificate must be as

0 0	68- 3000	BALTIMORE CITY	HEALTH DEPARTMENT		68- 3000
C-530	00- 0000	CERTIFICA	TE OF DEATH	REG. NO	00. 0000
1, NAME OF DECEASED (Type or Print)	EDWARD CANTY	anty	2. DATE AN	3/12/68	230 Am
3. PLACE IN BALTIMORE, MARY			A. STATE B. COUN	re deceased lived. If in	nstitution: residence before odmission)
LINCTITUTION	HOSPITAL OR ADDRESS OR LOCATION)		MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?		
3/ 4940 Ea	BALTIMORE CITY HOSPITALS 4940 Eastern Avenue		BALTIMORE YES NO		
5. SEX 6. RACE	re, Maryland		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.		
MALE NEGR	WIDOWED	DIVORCED _	12/23/42	last birthdoyl	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give done during most of working life, ever		NESS OR INDUSTRY	SOUTH CARC		U.S.A.
13. FATHER'S NAME MAJOR CHILLY			14. MOTHER'S MAIDEN NAME ROSE BYRD		
15. Wos Deceosed Ever in U. S. (Yes, no or unknown) (II yes, give v	Armed Forces? 1 6. St vor or doles of service) 5	OCIAL ECURITY NO.	17. INFORMANT RECOF	DS: Balto Ave. Ba	. Citý Mospitals lto., Md. 21224
/1B. / + 1	303.2	CAUSE OF DEAT		7.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDI		(A)IMMEDIATE CA	Hem on	tusis	minutes
(This daes not mean the heart failure, asthenia, etc.	ft meons the disease,	\^/	A CONSEQUENCE OF:	1711)	
injury ar camplication which			P.O. J.	TR	ha on this-
DISEASES OR CONDITIO	ONS, if ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	7 / 2	7,60,01,100
rise to the abave co UNDERLYING CONDITION		(c)			
OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NOT REL	ATED TO THE TERMINAL	C	hronic alc	colroboni	years
DISEASE OR CONDITION GIV	EN IN PART 1 (A). 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20 A. AUTOPSY? (Yes or N	of 208. IF YES, WERE	LICEC OF DEATH?
U 21A, ACCIDENT WAS UND	Processing	F OF INTURY (e.g.	in or obout 21 C. WHERE DID		re City, give exoct location)
OR CONTRIBUTING CAU	E OF home, for	n, foctory, street, o	office bldg., INJURY OCCUR?	(II III DOMINIO	e eny, give exect location,
21D. TIME (Month) (Do OF INJURY (APPROX.)	While At	RY OCCURRED Not Whi		JURY OCCUR?	
	maspital) attended the de-	Ceased from	3/1	19/2 to	3/12-168
that (1) (we) ast saw the		3/	- //	nat In(my) (our) opi	nian death accurred an the date
23A. SIGNATURE	2 0	MA			23B, DATE SIGNED
Mar		AH Phy		Shaff Phys.	3/12/18
23C. PHYSICIAN'S FRANK	LIN G STRAUS	ruse MD	23D. ADDRESSBALTIMO 4940	RE CITY H	OSPITALS 21224 ve., Balto.Md.
24A. BURIAL CREMATION, 24B.	DATE 24C. NAME O	DEGREE	·		ity, town, or county! (Stote)
25A- DATE REC'D BY HEALTH /	DEPT. 25B. NAME OF REC	GISTRAR	25C. FUNERAL DIRECTO	Willey.	ADDRESS
MAR 18/19	68 al Part &	John Man	March C	Hich	en 117971.G.

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